

Department of Ecology and Evolutionary Biology

VISITOR Travel Reimbursement Request Form

Submit to: Department of Ecology & Evolutionary Biology, Steinhaus Hall, Room 321, Irvine, Ca 92697-2525

KFS DOC # _____

Date received: _____

Date: _____ Traveler's Name: _____

Traveler's address: _____

Traveler's phone and email: _____

US Citizen (please circle one): YES NO Permanent Resident (please circle one): YES NO

Trip to (name of conference, institution): _____

Purpose of Trip: _____ Location (City and State): _____

Travel Dates: From: _____ To: : _____

UCI Host name: _____ Host signature: _____

Please submit original receipts, invoices, itemized meal receipts.

Expense Date	City	Airfare (payment)	Hotel (room & tax only)	Registration Fees	Meals	Taxi/ Shuttle	Other (explain)	Total
				Grand Total				

MILEAGE: List total miles; **attach map showing the address to and from.** TOTAL MILES _____ @ \$ 0.56 per mile

For mileage, please indicate if you have Liability Insurance: YES _____ NO _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts as required by UC Policy and understand the privacy notification.

Traveler's signature: _____