

# 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: \_\_\_\_\_

KFS Account # \_\_\_\_\_ Object Code: \_\_\_\_\_ Project Code: \_\_\_\_\_

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
<b>Grand Total</b>								

**MILEAGE:** List total miles; attach map showing the address to and from. TOTAL MILES \_\_\_\_\_ @ \$ 0.655 per mile

For mileage, please indicate if you have Liability Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Total \$ : \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

PI/Host name: \_\_\_\_\_ PI approval signature: \_\_\_\_\_