

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: _____
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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 _____ @ \$ 0.54 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: _____