

Department of Ecology and Evolutionary Biology  
**Travel Reimbursement Request Form**

Date: \_\_\_\_\_  
 Traveler's Name: \_\_\_\_\_ UCI Employee: Yes No  
 Address: \_\_\_\_\_ UCI ID #: \_\_\_\_\_  
 \_\_\_\_\_ US Citizen: Yes No  
 \_\_\_\_\_ Permanent Resident: Yes No  
 Traveler's contact information (email and phone): \_\_\_\_\_

Trip To (i.e. Name of Conference, Institution): \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_  
(Please attach event agenda)  
 Location: \_\_\_\_\_  
 Travel Times/Dates: From \_\_\_\_\_ AM on \_\_\_\_\_ to \_\_\_\_\_ AM on \_\_\_\_\_ PM

Did you receive any advances towards this trip? Yes No  
 Airfare: \$ \_\_\_\_\_ Hotel: \$ \_\_\_\_\_ Per diem: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Account - Fund to Charge: \_\_\_\_\_ - \_\_\_\_\_  
 PI/Lab Name: \_\_\_\_\_

**SUMMARY OF EXPENSES**

Please submit all original receipts, invoices, itemized meal receipts, and any other trip related documents

If mileage being claimed:  
 Liability Insurance? Yes No

Please fill out the table below with the actual amounts spent per day on each category

Expensed Date	City	Airfare <small>(payment date)</small>	Hotel <small>(room + tax only)</small>	Registration Fees	Meals	Mileage \$0.56/mi.	Taxi/ Shuttle	Other (explain)	Total

Comments/Additional Notes: \_\_\_\_\_

Total Amount Claimed: \_\_\_\_\_

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: \_\_\_\_\_

PI Name: \_\_\_\_\_ PI Approval Signature: \_\_\_\_\_