

Department of Ecology and Evolutionary Biology
Visitor - Travel Reimbursement Request Form

Submit To: Purchasing Coordinator - Department of Ecology and Evolutionary Biology
Steinhaus Hall, Room 321, Irvine, CA 92697-2525

Date: _____ Traveler's Name: _____ Address: _____ _____ _____ Traveler's contact information (email and phone): _____	US Citizen: Yes No Permanent Resident: Yes No Visa Type: _____ Social Security # (option: call to provide): _____
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Trip To (i.e. Name of UCI Conference, Laboratory): _____
Purpose of Trip: _____
Location: _____
Travel Times/Dates: From _____ AM on _____ to _____ AM on _____

UCI Host 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
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Mileage:

Date	From	To	Miles

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

Expensed Date	City	Airfare (payment date)	Hotel (room + tax only)	Registration Fees	Meals	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/ Host Signature: _____

Note: If you are not a U.S. Citizen or Permanent Resident, please fill out the Certification of Academic Activity (http://www.ucop.edu/ucophome/cao/paycoord/coaa.pdf) and provide a xerox copy of your visa, passport, or I-94 form.
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