**TRAVEL REIMBURSEMENT FORM**

Submit to Isabella Davidson davidsoi@hs.uci.edu

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| **PAYEE INFORMATION** |
| Name:  | Email: |

\***Employees will receive their reimbursement payment in the same way they receive their paycheck; via EFT or paper check**

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| Complete the following contact information only if payee is not a UCI employee |
| Mailing Address:  |
| City:  | State:  | Zip Code:  |
| Phone:  | Fax: |

\***Non-employees will receive their payment via paper check mailed to the address indicated above**

**US Citizen or Permanent Resident?** [ ]  **YES**

[ ]  **NO –** Please provide a copy of your permanent resident card or I- 94 and passport. You will also need to complete a “Certification of Academic Activity” form.

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| **TRIP INFORMATION** |

**Are you requesting reimbursement in advance of taking your trip?** [ ] YES[ ] NO

**Have you already been reimbursed for any expenses related to this trip?** [ ] YES [ ]  NO

**Departure Date: Departure Time:** [ ]  **AM** [ ]  **PM**

**Return Date: Return Time:** [ ]  **AM** [ ]  **PM**

**Destination (City, State, Country):**

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| **Trip Purpose:**  |

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| **UCI Reimbursement Policy:** [**https://www.accounting.uci.edu/travel/reimbursement/getting-reimbursed.html**](https://www.accounting.uci.edu/travel/reimbursement/getting-reimbursed.html) |
| **Type of Expense** |  | **Amount** |
| **Airfare** | Itinerary, proof of payment & ticket number **required** on receipt.**Travel Policy:** Economy <https://www.accounting.uci.edu/travel/before/policy-highlights.html> |  |
| **Lodging** | Room & Tax only. Original hotel bill/folio showing proof of payment **required.****\*Attach hotel price comparison list at time of booking if the room rate is greater than $275/night for domestic travel, or greater than the US Dept of State per diem for all foreign travel** <https://aoprals.state.gov/web920/per_diem.asp> |  |
| **Registration Fee** (conferences, workshops, etc. ) | Copy of registration form, proof of payment and agenda/program **required.** |  |
| **Car/Taxi/Bus/Shuttle/Train** | Original receipts required for expenses. Please attach a **Transportation Log** |  |
| **Rental Car** | Original receipt showing contract agreement number & mileage in/out **required.** |  |
| **Parking** | Original receipts **required** for expenses. |  |
| **Business Calls/Internet** |  |  |
| **Toll Road** | Original receipts **required** for expenses. |  |
| **Other (Explain)** |  |  |
| **Meals (Receipts required)** | Please complete a daily **Meal Log**.Meal and Incidental Expense (M&IE) Reimbursement **Daily** **Maximum: $62****M&IE Policy:** <https://www.accounting.uci.edu/travel/reimbursement/meals-incidentals.html> |  |

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 **Total Expenses**

 **Less Travel Advances Already Paid**

 **Total Reimbursement Due**

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| **COMMENTS/JUSTIFICATIONS:** |
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| **Account** | **Fund** | **Sub** | **Project** | **% (if split funding)** | **Amount** | **Accounting Review** | **Source** |
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*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, that I have attached original receipts as required by UC policy and understand the Privacy Notification.*

**Traveler Signature: Date:**

**Account Authorization**

 **(PI or Department Manager): Date:**

**Print PI Name:**