**TRAVEL REIMBURSEMENT FORM**

Submit to Isabella Davidson [davidsoi@hs.uci.edu](mailto:davidsoi@hs.uci.edu)

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |
| --- |
| **TRIP INFORMATION** |

**Are you requesting reimbursement in advance of taking your trip?** YESNO

**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):**

|  |
| --- |
| **Trip Purpose:** |

|  |  |  |
| --- | --- | --- |
| **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> |  |

|  |
| --- |
|  |
|  |
|  |

**Total Expenses**

**Less Travel Advances Already Paid**

**Total Reimbursement Due**

|  |
| --- |
| **COMMENTS/JUSTIFICATIONS:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Account** | **Fund** | **Sub** | **Project** | **% (if split funding)** | **Amount** | **Accounting Review** | **Source** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*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:**