## Travel Reimbursement Request (Original receipts are required)

NAME OF TRAVELER:	UCI Employee ID#
Mailing Address:	Or if Visitor, Social Security#
	E-mail Address:
Please check one of the following:	TOTAL REIMBURSEMENT: \$
US Citizen	Travel Store
Foreign Visitor (Provide copies of a) Visa; and b) I-94 (from	nt & back) Traveler
Permanent Resident (Provide a copy of your Resident Ali	lien Card) Corp Card
Durana and Destination of Trip (i.e. Name of October	in Alfantin on )
Purpose and Destination of Trip (i.e. Name of Conference,	, institution):
	@ am/pm, <b>to</b> // @ am/pm
Are you requesting or did you receive any <u>advances</u> ? If s	so, please list.
Airfare: \$ Hotel: \$ Per Diem: \$	Registration: \$ Other: \$
Airfare Amount \$ Attach original ticket re	receipt & proof of payment. Ticket #
Hotel Amount \$ Attach receipt(s) inclu	ide <b>itemized folio</b> and show proof of payment.
Meals # of day's Per Diem/M&IE Rate	<u>e</u> \$ Maximum Allowed \$ Total \$
Please fill out the table below with the actual amount spent pe	er day on meals. (Include receipts when requesting max per diem.)
Date:	
Amt Spent:	
Conference Registration: Amount \$F	Please attach receipt(s)
Car Rental :Amount \$ Please attach recei	pipt(s) showing payment, and rental agreement number & mileage
Mileage: # of miles If personal car was used	
Other Expenses: List date and description and provide	rance?Yes orNo Rate for travel in 2017: .535 cents/mile ide receipts: Rate for travel in 2016: 54 cents/mile
\$	\$
\$	\$
Host/PI Name:	Budget Code/
COMMENTS/ADDITIONAL NOTES:	
I certify that the above is a true statement, that the expenses claimed we attached original receipts as required by UC Policy and understand the F	ere incurred by me on official University Business, on the dates shown, that I have
Traveler's Signature:	Date:
-	Date:
PI Approval Signature:	Submit to: