Department of English  
Travel Reimbursement Request Form

Please PRINT clearly

Address and SS# required for non-UCI employees ONLY

Funding Source (Name or Number) ____________________________________________

Traveler Name: ___________________________________________________________

Address: _________________________________________________________________

City: __________________ State: ______ Zip: _____  Daytime phone #: ___________

SSN/EIN: _________________________________________________________________

US Citizen: [ ] Yes [ ] No

EMAIL: _________________________________________________________________

Dates of Trip: __________________ through __________________

Destination: _____________________________________________________________

Purpose of Trip: _________________________________________________________

Conference Name: _______________________________________________________

Title of Paper: ___________________________________________________________

Airfare: $ __________ Ticket Number ____________________________

Personal Car Usage (list mileage below)

License Plate #: __________________________

Car Rental: $ __________ Miles In ______ Miles Out ______

Note: Original Mileage In/Out receipt required/UCI will not reimburse for rental car insurance costs

Registration Fees: $ __________

* List amounts for each day in appropriate column outlined below

** Original itemized receipt/guest folio received upon check-out

<table>
<thead>
<tr>
<th>*Date</th>
<th>City</th>
<th>Meals &amp; Incidents</th>
<th>**Lodging</th>
<th>Phone</th>
<th>Mileage $0.55/mile</th>
<th>Taxi/Bus</th>
<th>Other (explain)</th>
<th>TOTAL</th>
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TOTAL

Explanation/Remarks: _______________________________________________________

Total amount to be reimbursed: ____________________________

or Total amount to credit corporate card (UCI Employees only): ___________________

Traveler's Signature

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 University of California policy.

Authorized Signature for fund source

(Manager/Chair/Bookkeeper)

ORIGINAL RECEIPTS ARE REQUIRED AT ALL TIMES (DEAN'S EXCEPTION REQUIRED FOR MISSING RECEIPTS)

Please tape receipts to 8 1/2 x 11 sheet of paper. Please do NOT staple.

For policies please refer to: http://www.policies.uci.edu/adm/pols/715-01.html

Rev. 7/8/2009