**TRAVEL REIMBURSEMENT FORM**

Submit to Physiology Purchasing & Reimbursements Office: Med. Sci. 1-D340

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| **PAYEE INFORMATION** | |
| Name: | Employee ID# or Student ID# :  Phone Ext: |
| Email: | City of Residence: |

\*If you are not a UCI employee, nor a UCI student, and have not been reimbursed by UCI before, please complete the required [**W-9 form**](http://www.irs.gov/pub/irs-pdf/fw9.pdf)(US citizens & resident aliens only) and submit it with your reimbursement documentation.

\***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?** 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):**

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| **Trip Purpose:** |

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| **SUMMARY OF EXPENSES** | | |
| **Type of Expense** |  | **Amount** |
| **Airfare** | Itinerary, proof of payment & ticket number **required** on receipt. |  |
| **Lodging** | Room & Tax only. Original hotel bill/folio showing proof of payment **required.** |  |
| **Registration Fee** (conferences, workshops, etc. ) | Copy of registration form, proof of payment and agenda **required.** |  |
| **Taxi/Bus/Shuttle/Train** | Original receipts required for expenses.  Please complete a [**Transportation Log**](Transportation%20Log.docx) |  |
| **Rental Car** | Original receipt showing contract agreement number & mileage in/out **required.** |  |
| **Parking** | Original receipts **required** for expenses. |  |
| **Business Calls/Internet** |  |  |
| **Toll Road** |  |  |
| **Other (Explain)** |  |  |
| **Meals (Receipts required)** | Please complete a [**Meal Log**](Meal%20Log.docx)daily. |  |
| **Private Car Mileage** | Number of miles = [**Mileage Log**](Mileage%20Log.docx)  Does the private car have liability insurance?  Yes  No |  |

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**Total Expenses**

**Less Travel Advances Already Paid**

**Total Reimbursement Due**

**Amount to be reimbursed to Corporate VISA**

**Amount to be reimbursed to Traveler**

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

*(Please attach all original receipts and tape small receipts (on all sides) to a 8.5” x11” sheet of paper. Please do not staple receipts.*