

Request For Travel Reimbursement



IMPORTANT NOTES:

- Transportation expenses shall be reimbursed based on the most economical mode of transportation and the most commonly traveled route consistent with the authorized purpose of the trip – <http://www.ucop.edu/ucophome/policies/bfb/g28vii.pdf>
- Reimbursement will not be processed until all required documentation is received by the department's Financial Coordinator.
- Please attach a copy of your visa if you are not a U.S. citizen.

TRAVELER:

Name: _____
Social Security Number: _____
Email Address: _____
Mailing Address: _____
Telephone Number: _____
UC Employee: _____ Yes _____ No
U.S. Citizen: _____ Yes _____ No
If No: Visa Type/Expiration: _____

TRIP:

Origin: _____ Destination: _____
Departure Date: _____ Return Date: _____

Airfare: _____

Please submit airfare itinerary, ticket(s), and confirmation of payment – with prices – upon return from trip.

Personal/Rental Car License: _____

Round-trip Mileage: _____

Please submit printed map including estimated mileage.

Purpose of Trip: _____

Hotel Name: _____

Please submit hotel bill upon return from trip.

Confirmation #: _____ # Of Nights: _____

Cost Per Night: _____ Total Cost: _____

Comments: _____

Approved: _____

Date: _____

Event #: _____

Funding Source: _____