

# TRAVEL Reimbursement Form

Please scan all original receipts or take photos

Submit electronically to:

- |   |  |
|---|--|
| <input type="checkbox"/> Employee (including student employee)              | <input type="checkbox"/> Non- Employee Student |
| <input type="checkbox"/> Unaffiliated Individual (Neither Employee/Student) | <input type="checkbox"/> Vendor (e.g. Hotel)   |

## UCI EMPLOYEE

Name: \_\_\_\_\_

UCINetID: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*Employees: make sure you have TEM profile set-up in KFS prior to submitting [Instructions](#)

## NON UCI EMPLOYEE

US Citizen: ☐ YES ☐ NO

\*Please provide a copy of Permanent Resident Card: or I-94, Visa, passport and [Certificate of Academic Activity](#)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TRIP INFORMATION:

Destination (City, State, Country): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

EXPENSE TYPE:	INSTRUCTIONS/POLICY:	AMOUNT:
Airfare	Itinerary & Receipt <b>Required</b> (must include Ticket # and proof of payment)	
Lodging	Itemized Hotel Folio ( <b>Room &amp; Tax Only</b> )	
Registration	Receipt & Copy of Conference Agenda Meals Included? <input type="checkbox"/>	
Membership Fee	Original Receipts showing proof of payment <b>required</b>	
Rental Car	Receipt must show proof of payment, rental agreement # and mileage	
Taxi/Bus/Shuttle/Train	Original Receipts <b>required</b> for expenses over \$75	
Parking/Toll Road	Original Receipts <b>required</b> for expenses over \$75	
Mileage	Vehicle Liability Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> <a href="#">Mileage Log</a>	
Meals	Actual Meal Expenses up to \$62 per day <a href="#">Meal Log</a>	
Other Expenses	(Gas, Internet, Baggage Fee, Supplies, Etc.) <a href="#">Other Expenses Log</a>	
Foreign Per Diem	Please complete Daily Meal Log <a href="#">Meal Log</a>	
Daily amount to cover meal and lodging expenses <a href="#">Per Diem Rates</a>		

Total (US \$): \_\_\_\_\_

Reimburse Traveler: \_\_\_\_\_

Pay UCI Corporate Card: \_\_\_\_\_

## TRAVEL EXPENSE CERTIFICATION

I certify the statements herein are true in all respects; that payment of the amounts claimed has not and will not be reimbursed to the traveler from any other source(s); that travel performed for which reimbursement is claimed was performed by the traveler on University business and that no claims are included for expense of a personal nature or for any other expense not authorized for University business. I have attached original receipts as required by UC Policy and understand the Privacy Notification.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FUNDING

BUDGET CODE/KFS ACCOUNT: \_\_\_\_\_ FO APPROVAL: \_\_\_\_\_