

TRAVEL Reimbursement Form

Please scan all original receipts or take photos

Submit electronically to:

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Employee (including student employee)

☐

Non- Employee Student

☐

Unaffiliated Individual (Neither Employee/Student)

☐

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

Name: _____

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 Required (must include Ticket # and proof of payment)	
Lodging	Itemized Hotel Folio (Room & Tax Only)	
Registration	Receipt & Copy of Conference Agenda Meals Included? ☐	
Membership Fee	Original Receipts showing proof of payment required	
Rental Car	Receipt must show proof of payment, rental agreement # and mileage	
Taxi/Bus/Shuttle/Train	Original Receipts required for expenses over \$75 Transport Log	
Parking/Toll Road	Original Receipts required for expenses over \$75	
Mileage	Vehicle Liability Insurance? Yes ☐ No ☐ Mileage Log	
Meals	Actual Meal Expenses up to \$92 per day Meal Log	
Other Expenses	(Gas, Internet, Baggage Fee, Supplies, Etc.) Other Expenses Log	
Foreign Per Diem	Please complete Daily Meal Log Meal Log	
	Daily amount to cover meal and lodging expenses Per Diem Rates	
Total (US \$):		\$ 0.00
Reimburse Traveler:		
Pay UCI Corporate Card:		
CTS 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: _____