

Traveler's Information

Full Name: _____ Employee UID: _____
Email: _____ Phone Number: _____

If Non-Employee, select preferred method of payment of check or direct deposit via Zelle (check only one). Mailing address is required regardless of payment method.

Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____

- Check (to mailing address above)
 Zelle Email: _____
 Zelle Phone Number: _____

Trip Information

Departure City: _____ Destination City: _____
Departure Date: _____ Return Date: _____
Personal Dates _____

Name of Event/Trip: _____

Business Justification (spell out all acronyms):

Funding

PI _____ PI Approval Signature _____
Funding source(s): _____ Fund Manager(s) _____

List any **prepaid/direct-billed** expenses (ie. UC Travel booked airfare, registration, etc.) and provide the documentation. *You are ***NOT*** claiming these as they have already been paid:*

Travel Business-Related Expenses:

- ***Mandatory receipts:** airfare, lodging, rental cars, registration fees, entertainment and anything over \$75.00
- ***Meals:** daily maximum is \$92/day (for domestic travel, effective 10/1/2024).
- ***Lodging:** daily maximum is \$333/day (for domestic travel, effective 1/1/2024)
- *Only economy seating is reimbursable for airfare, otherwise additional justification is required
- *Additional insurance of any kind (i.e. traveler's insurance, rental car, etc) is not reimbursable
- ***Original receipts are required**

Travel Reimbursement Request Form

Signature of Requester: _____

Date: _____

#	Date	Expense Type (airfare, lodging, rental car, registration, etc.)	Name of Vendor	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
		Total meals claimed (below)		
TOTAL Reimbursement Requested				

DAILY MEALS TOTALS

Date	City	Amount	Date	City	Amount