TRAVEL Reimbursement Form

Please scan all original receipts or take photos

Submit electronically to:

☐ 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

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	
Parking/Toll Road	Original Receipts **required** for expenses over $75	
Mileage	Vehicle Liability Insurance? Yes ☐ No ☐ [Mileage Log](#)	
Meals	Actual Meal Expenses up to $62 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 $):	
	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: _____