REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSE

Name		**Destination**	
Address		**Social Security #**	
Trip Purpose		**Date(s) of Travel**	

Documentation Required (when applicable)

Originals required for proof of payment *

If receipts are smaller than 8½" by 11", tape on all sides to an 8½ by 11 sheet of paper and identify what it was for.

TYPE OF EXPENSE	INSTRUCTIONS/POLICY	AMOUNT
Airfare (include airfare amount even if it was reimbursed in advance or paid directly by the Univ.)	Itinerary, proof of payment, & ticket # required. (Ticket # is sometimes not available on the date of purchase. Online purchases may require that you logon at a later date or refer to your credit card stmt to obtain ticket #.) Ticket #:	
Lodging	Original hotel bill / Guest Folio. If hotel room was shared, provide name(s) of person(s) sharing room: Include any amount paid in advance or paid directly by the Univ.	
Registration fee	Copy of registration form and proof of payment. Include any amount reimbursed in advance or paid directly by Univ.	
Taxi, train, etc. (specify)	Proof of payment – original receipts over $75, receipts or log for under	
Personal car mileage	Number of miles: x $.545 *(rate eff. 1/1/18)* Do you have liability insurance for your personal car? Yes ☐ No ☐	$0.00
Meals	Itemized receipts are required for all meals. ☒ Multiple days activities: **$62 maximum per day**.	
Rental Car	Original receipt showing contract agreement # and mileage in/out	
Miscellaneous (specify)	Original receipts	
Comments/Notes (include comments to explain any unusual circumstances related to the trip)	(If documentation is lost or an expense exceeds the maximum approved/allowed amount, provide an explanation in order to request exceptional approval.)	
	Total Costs	$0.00
	Less Advances Received	( )
	Balance	$0.00
	Amount of Reimbursement Requested ☒ (amount must be equal to or less than "Balance")	

Clear Form

*Proof of payment = Original receipt showing date, amount due, and method of payment. If original is not available, proof of payment must be provided in the form of credit card statement or copy of front and back of cleared check.

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS, ON THE DATES SHOWN, THAT I HAVE ATTACHED ORIGINAL RECEIPTS AS REQUIRED BY UC POLICY AND UNDERSTAND THE PRIVACY NOTIFICATION.

Traveler's Signature Date

Business Office Use Only
Account-Fund:
Approval Amount: $
ePAF Entry Date:

For more information, call the UCI Libraries Business office (949-824-1694)