UCI CALIT2

Innovate. Integrate. Incubate. Ignite.

Please remit this form to the Calit2 Business Office at 4006 Calit2 or email to Tricia Le at tricial@uci.edu (949) 824-0204

Traveler's Name:		Business Purpose of Travel:			
Address:					
City, St, Zip:					
Phone:					
Email (UCI preferred):					
ID Number:		Departure Date:		Departure Time:	
License Plate Number:		Return Date:		Return Time:	
Doyou carry liability insurance? Yes No					
Are you a US Resident? Yes No			Visa type:	SEVIS or Visa #:	

EXPENSES: Was a Travel advance issued to you for this trip?   Yes   No   Trip number:

TYPE	Requirements	AMOUNT
Airfare	**ORIGINAL** boarding pass or email confirmation including an issued ticket number	
Lodging/Hotel	**ORIGINAL** hotel bill/folio stating "paid" status and zero balance	
Registration Fee	**C**opy of registration form, proof of payment, and program itinerary	
Rental Car	**ORIGINAL** receipt. UC has negotiated rates through Connexus. No purchased insurance will be reimbursed. Visit: http://www.accounting.uci.edu/travel/book/renting.html for more information.	
Taxi, Train, Bus, Etc.	**ORIGINAL** receipts with all totals listed including any tips	
Mileage	Calculate roundtrip mileage and provide mapquest printout for proof. License plate required above. Visit http://www.accounting.uci.edu/travel/reimbursement/personal-vehicles.html to determine calculation from home or office and to view current mileage reimbursement rates. # of miles: Mileage Rate:	
Other (Incidentals)	Specify with an attachment and include all **ORIGINAL** receipts	

Meals (U.S.)	ORIGINAL itemized receipts and signed credit statements of actual expenses per day. Consult http://www.accounting.uci.edu/travel/reimbursement/meals-incidentals.html for M&I and Per Diem caps.						
	Date:	Amount:	Date:	Amount:	Date:	Amount:	

Foreign Travel (Credit Card Statement Preferred)	**ORIGINAL** hotel bill/folio. Meals and lodging limited by foreign PER DIEM rate.				
	City/Country:	Per Diem Rate:	No of days:	City Total:	
	City/Country:	Per Diem Rate:	No of days:	City Total:	
	City/Country:	Per Diem Rate:	No of days:	City Total:	

FUNDING   **Total Expenses Due:**

Account:	Fund:	Project Code	Amount:	**P.I. / SUPERVISOR (Signature)**
				X:
				TRAVELER (Signature):
				X:
				I certify that expenses claimed were incurred by me for official University Business and pursuant to University Policy.