

# TRAVEL EXPENSE REIMBURSEMENT / TRAVEL ADVANCE

<b>UNIVERSITY OF CALIFORNIA IRVINE</b>		<b>UCI EMPLOYEE</b>	
SCHOOL OF SOCIAL SCIENCES, IRVINE, CA		PAYEE NAME: _____	
92697-5100		DEPARTMENT: _____	
		PHONE: _____	E-MAIL: _____
<b>NON EMPLOYEE</b>		<b>CHOOSE PAYMENT TYPE</b> <input checked="" type="checkbox"/>	
PAYEE NAME: _____		TRAVEL REIMBURSEMENT <input type="checkbox"/>	
SOCIAL SECURITY, ITIN OR EMPLOYER ID#: _____		ADVANCE PAYMENT <input type="checkbox"/>	
MAILING ADDRESS: _____		CASH ADVANCE <input type="checkbox"/>	
CITY/STATE: _____		CLEAR ADVANCE <input type="checkbox"/>	
ZIP CODE: _____	PHONE: _____	EMAIL: _____	
US CITIZEN / PERM RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE COPY OF I-94, VISA PAGE & COMPLETED ACADEMIC CERTIFICATION			
<b>DESTINATION:</b> _____			
<b>PURPOSE OF TRAVEL:</b> _____			
<b>TRAVEL DATES:</b> _____		<b>DEPARTURE TIME:</b> _____	
		<b>RETURN TIME:</b> _____	
<b>EXPENSE TYPE:</b>	<b>INSTRUCTIONS / POLICY</b>		<b>AMOUNT</b>
<b>ADVANCES</b>	LIST ALL ADVANCES OR PREPAYMENTS MADE TO YOU OR ON YOUR BEHALF FOR THIS TRIP. <b>TRIP NUMBER:</b> _____		_____
<b>AIRFARE</b>	ORIGINAL INVOICE / ITINERARY AND RECEIPT REQUIRED (MUST INCLUDE 13 DIGIT TICKET NUMBER AND PROOF OF PAYMENT).		_____
<b>LODGING</b>	ORIGINAL ITEMIZED HOTEL FOLIO (LIST ROOM AND TAX ONLY.)		_____
<b>REGISTRATION</b>	ORIGINAL PAID RECEIPT & COPY OF CONFERENCE AGENDA REQUIRED. MEALS INCLUDED IN REG FEE? <input type="checkbox"/> Y <input type="checkbox"/> N		_____
<b>RENTAL CAR</b>	ORIGINAL RECEIPT. MUST INCLUDE MILES IN / OUT. ADD'L INS. PDW / LDW <b>WILL NOT</b> BE REIMBURSED UNLESS OUTSIDE CONT. U.S. ( INCL. AK & HI ).		_____
<b>GROUND TRANSPORTATION</b>	EXPENSES FOR TAXI, TRAIN, BUS, ETC. LIST EACH. SEPARATELY. DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____		_____
<b>MILEAGE (Liability Insurance Required for Mileage Claims)</b>	55 ¢ PER MILE ~ AS OF JULY 08. ATTACH COMPLETED MILEAGE LOG FORM. LIABILITY INSURANCE? <input type="checkbox"/> Y <input type="checkbox"/> N		_____
<b>MEALS / CONUS (48 Contiguous States within the Continental US incl. D.C.)</b>	ACTUAL EXP. UP TO \$64.00 per day(no meals for travel less than 24hrs). DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____		_____
<b>PER DIEM MEALS / FOREIGN / OCONUS. (Outside the Continental US, including AK &amp; HI)</b>	REIMBURSEMENT NOT TO EXCEED PER DIEM MAXIMUM: Location: _____ Date: _____ Per Diem Rate: _____ Location: _____ Date: _____ Per Diem Rate: _____		_____
<b>PER DIEM LODGING/FOREIGN/OCONUS (Outside the Continental US, incl. AK &amp; HI)</b>	REIMBURSEMENT NOT TO EXCEED PER DIEM MAXIMUM: Location: _____ Date: _____ Per Diem Rate: _____ Location: _____ Date: _____ Per Diem Rate: _____		_____
<b>SPECIAL INSTRUCTIONS / OTHER EXPENSES: (PHONE, INTERNET, ROAD TOLL, GASOLINE, SUPPLIES, ENTERTAINMENT, ETC)</b>	_____		_____
	_____		_____
	_____		_____
	<b>TOTAL:</b>		_____
	<b>REIMBURSE PAYEE / TRAVELER:</b>		_____
	<b>PAY UCI CORPORATE VISA:</b>		_____
<b>TRAVEL EXPENSE CERTIFICATION:</b>			
I CERTIFY THAT THIS IS A TRUE STATEMENT OF TRAVEL RELATED EXPENSES INCURRED BY ME FOR OFFICAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS IN ACCORDANCE WITH UNIVERISTY POLICY.			
<b>TRAVELER SIGNATURE:</b> _____			<b>DATE:</b> _____
<b>FUNDING</b>			
<b>ACCOUNT / FUND / PROJECT CODE:</b> _____		<b>APPROVAL:</b> _____	
<b>ACCOUNT / FUND / PROJECT CODE:</b> _____		<b>APPROVAL:</b> _____	
<b>*ALL RECEIPTS MUST BE SECURELY TAPED ONTO 81/2 X 11 SHEETS OF PAPER</b>			