

All information on form must be accurate to complete reservations

TRAVELER INFORMATION For Federal purposes, enter information as it is stated on your Drivers License or Passport

Legal Name: First _____ Middle _____ Last _____
Preferred Name _____ Title _____
Date of Birth _____ Biological Sex as stated on DL: Female Non-Binary
Male/Female/Non-binary
Email _____ Cell Phone: _____
TSA # (if applicable) _____
DHS Redress # (if applicable) _____ Airlines: (if applicable) _____
Is traveler a UCR employee Yes No Flyer / Member # _____
Conference Name: _____ Conference Dates _____

AIRFARE REQUEST Check one: Prepayment is requested Reimbursement will be requested

Date of Departure Flight: _____ Date of Return flight: _____
Departure Airport: _____ Airport Flying Into: _____
Time Range to Depart: _____ to _____ Time Range to Return : _____ to _____
Airplane Preferences: Aisle Seat or Window Seat Front of Plane or Back of Plane

CAR RENTAL REQUEST No Prepayment, Reservation Only Reimbursement will be requested

Car Type: Compact Intermediate
Economical
Pick-up /Drop-off to correspond with flights: Yes No
(If No) Pick-up & Drop-off info: _____
Location, Date, Time Location, Date, Time

LODGING REQUEST Check one: Prepayment is requested Reimbursement will be requested

Name of Hotel _____ Address _____
Hotel Information:
Check-In Date: _____ Check-Out Date: _____ Room Type: 1 Bed Single - King
2 Bed Double - Queens
Any Special Needs: _____

REGISTRATION REQUEST Please attach agendas, conference brochures, and/or completed registration form or invoice from organization

Prepayment Not Needed (reimbursement will be requested) Conference registration link: _____

ADDITIONAL COMMENTS If any of the travel dates will be for personal use, list them in the comment box below

TRIP INFORMATION

Estimate your trip expenses. Include all expenses that will be associated with your trip. This form will be submitted prior to your trip for approval, and at the completion of your trip for reimbursement purposes. At the completion of your trip please include all receipts and documents pertaining to your trip.

Comment Section

Please enter Concur Pre-Trip ID if you have one.
For all reimbursement requests: enter the address where the reimbursement should be sent.

TRIP ESTIMATED EXPENSES

* T&E card expense column below should only be used if T&E expenses are incurred.
For more information on T&E card expenses please go to: <https://impact23.ucr.edu/te-card>

CATEGORY	EXPENSE TYPE	Pre-Pay Requests	* T&E Card Exp's	Date	Date	Date	Date	Date	Date	Total Expenses
Transportation	<input type="checkbox"/> Airfare									
	<input type="checkbox"/> Baggage									
	<input type="checkbox"/> Private Car Mileage	Complete mileage log on p. 2								
	<input type="checkbox"/> Parking									
	<input type="checkbox"/> Rental Car									
	<input type="checkbox"/> Gas (rental car only)									
	<input type="checkbox"/> Car Service / Shuttle									
	<input type="checkbox"/> Taxi / Ride App									
	<input type="checkbox"/> Tolls									
	<input type="checkbox"/>									
Meals	<input type="checkbox"/> Breakfast									
	<input type="checkbox"/> Lunch									
	<input type="checkbox"/> Dinner									
	<input type="checkbox"/> Incidentals									
	<input type="checkbox"/> All									
Lodging	<input type="checkbox"/> Hotel									
	<input type="checkbox"/> Internet									
	<input type="checkbox"/>									
Other	<input type="checkbox"/> Conference Fees									
	<input type="checkbox"/> Business Expense									
	<input type="checkbox"/>									

Traveler Signature: _____

Date: _____

Total trip estimated expenses

For reimbursements: Attach all agendas and/or conference brochures. Copies of original receipts are required for hotel, airfare, and car rental. Receipts are required for all other expenses over \$75.00. Receipts are due within 7 days of travel. For meals under \$75.00, vendor name, city, amount, and date of transaction is required.

*Amount requested to be prepaid by Business Operations
Do not include T&E card expenses on this line*

Amount requested to be reimbursed

Entity	Fund	Activity	Account	Function	Program	Project	Flex 1	Flex 2	Amount

If SRP Approval is required, verify COA prior to approving.

FAO/Budget Owner Name (Print)

Signature

Date

SRP Approver (Print)

Signature

Date

PI Approver (Print)

Signature

Date

If business travel occurs on a scheduled day off, mileage may be calculated from the traveler's residence to the destination. Otherwise, it should be calculated from the headquarters to the destination. For employees on temporary assignments away from campus, reimbursement will cover mileage between the campus or home and the assignment location, whichever is less.

MILEAGE LOG

Name of Traveler: _____

Car License Plate: _____

Only enter one month at a time on each mileage log

Date Range: From: _____ To: _____

Must attach a MapQuest, Google Maps, etc. directions print out that shows each trip's total mileage to and from destinations. (Map images are not required)

Round mileage to the nearest mile, no decimals

Date	Miles	From	To	Business Purpose

	X		cents/mile	=	
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