UC RIVERSIDE School of Medicine

Travel Request Form
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this form should be used for pre and post travel requests

Reset Form

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*:

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 ◯ Prepayment not needed (reimbursement wil be requested) ◯ Conference registration link: _____

BUSINESS PURPOSE (REQUIRED FIELD) Personal Dates:

Revised 09/02/26

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Reset Button

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	☐ Airfare									0
	☐ Baggage									0
	☐ Private Car Mileage	Complete mileage log on p. 2								
	☐ Parking									0
	☐ Rental Car									0
	☐ Gas (rental car only)									0
	☐ Car Service / Shuttle									0
	☐ Taxi / Ride App									0
	☐ Tolls									0
	☐ _____									0
Meals	☐ Breakfast									0
	☐ Lunch									0
	☐ Dinner									0
	☐ Incidentals									0
	☐ All									0
Lodging	☐ Hotel									0
	☐ Internet									0
	☐ _____									0
	☐									0
Other	☐ Conference Fees									0
	☐ Business Expense									0
	☐									0
	☐ _____									0

Traveler Signature: Date:

Total trip estimated expenses 0.00

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

UC RIVERSIDE School of Medicine

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.

SCHOOL OF MEDICINE
UNIVERSITY OF CALIFORNIA, RIVERSIDE

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

0	X	$ 0.760	cents/mile	=	$ 0.00

Revised 09/02/26