

Travel Reimbursement Request

UCR School of Medicine

TRAVELER INFORMATION Information must be accurate for check payments and mailing

Name: _____ SOM Dept: _____
 Title / Affiliation: _____ Phone: _____
 Address: _____
 Email: _____ US Citizen? Yes No Visa
If not, VISA Type: _____ (B2 or WT visa holders are not eligible for travel reimbursements from UC)

TRIP INFORMATION Purpose must include conference / meeting title (if applicable)

Purpose for travel: _____
 Departure City & State: _____ Destination City & State: _____
 Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____

TRIP EXPENSES

If expenses were pre-paid by UCR or organization (i.e. airfare, registration, or lodging) enter amount in the orange section
 Enter all other trip expenses in the blue boxes

CATEGORY	EXPENSE TYPE	Pre-Paid	Date	Date	Date	Date	Date	Date	Date	Total Expenses
Transportation	Airfare									
	Baggage									
	Private Car Mileage	Complete mileage log on p. 2								
	Parking									
	Rental Car									
	Gas (rental car only)									
	Shuttle									
	Taxi									
Meals	Breakfast									
	Lunch									
	Dinner									
	Incidentals									
	All									
Lodging	Hotel									
	Internet									

Other	Conference Fees									
	Business Expense									

FAU & Approvals

Activity	Fund	Function	Cost Center	Proj Code	Amount

Total Trip Expenses	
Pre-paid expenses by UCR	
Amount Due Traveler	

FAO/ Supervisor's Name (PRINT) _____ Signature _____ Date _____

Traveler's Signature _____ Date _____

Instructions

1. Return this form together with required, itemized receipts no later than 7 days after last day of travel to: BO@medsch.ucr.edu
2. Copies of original receipts are required for **all airfare, hotel, and car rental expenses**. All other expenses over \$75.00 require receipts.
3. Attach meeting agenda or conference brochure, if applicable.
4. If you have any questions please contact SOM Business Operations Unit: BO@medsch.ucr.edu

MILEAGE LOG

Name of Traveler: _____

Car License Plate: _____

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)

Date	Miles	From	To	Business Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	X	_____	cents/mile	=	_____
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