

TRAVEL REIMBURSEMENT REQUEST FORM

Form and all receipts must be submitted within 45 days of travel

TRAVELER INFORMATION

Name:	<input type="text"/>	Phone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Email:	<input type="text"/>
		Faculty Host:	<input type="text"/>
Status:	UCD Employee	Pre-Approved Group Travel?*	Yes No
	UCD Student	<i>*If yes, provide list of travelers and pre-approval from CAO</i>	
	Non-Employee	Did you receive a Travel Advance?	Yes No
		Travel Advance Amount:	<input type="text"/>

TRIP INFORMATION

Business Purpose (include reason for attending, complete event name, event location, event date): NO ABBREVIATIONS	<input type="text"/>			
Destination:	<input type="text"/>			
Depart:	Home	Office	Date:	<input type="text"/>
			Time:	<input type="text"/>
Return:	Home	Office	Date:	<input type="text"/>
			Time:	<input type="text"/>

Private Car (Mileage)

Date	Drove From	Drove To	# of Miles	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL				<input type="text"/>

License Plate Numer Do you have liability Insurance? Yes No

Airfare

Connexus	Personal	Corporate Travel Card	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL			

Other Transportation (Shuttle, Taxi, Bus, Rental Car, Train, Fuel Etc.)

Date	Ground Transportation Type	From	To	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL				<input type="text"/>

* Actual Currency - DO NOT use conversions - list currency on receipt

Rental Car	Economy/Compact	Explain:	<input type="text"/>
	Other (Explain)		

Other Expenses (Lodging, Meals, Conference/Registration, etc.)

Date	Expense Type and Description	Amount

TOTAL

ESTIMATED TOTAL EXPENSES

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University Policy

Traveler's Signature

Date

FUNDING

Account	Sub-Account	%	Amount
TOTAL			

Faculty/PI Approval Signature

Date