

EEMB TRAVEL ADVANCE REQUEST

Faculty

Graduate Student

Staff

Other

Project Code: _____

Dept/Prog:

EEMB

IGPMS

OTHER

PERSONAL INFORMATION:

(Please Print)

Name of Traveler: _____ E-mail Address: _____

Address: _____ Payment Method: Direct Deposit Check

TRAVEL INFORMATION:

Destination: _____ Dates of Trip : _____ to _____

Purpose of trip: _____

ANTICIPATED EXPENSES:

Airfare _____ Lodging _____ Taxi _____
Rental Car _____ Parking _____ Gas _____
Shuttle/ _____
Airbus _____ Registration _____ Supplies _____
Other _____ Please Explain: _____

Mileage (personal car only): _____ X \$0.58/mile = _____
Number of Miles Mileage rate subject to change

Food Per Diem (# of Days) _____ OR Amount _____
For foreign per diem rates call Andi Jorgensen 805-893-2427

Needed by: _____ Date _____ Total Amount Requested: _____

PLEASE ALLOW 5 WORKING DAYS FOR PROCESSING.
BE SURE TO **SAVE ALL OF YOUR RECEIPTS!** APPROPRIATE RECEIPTS AND A TRAVEL WORKSHEET
WILL NEED TO BE SUBMITTED AT THE END OF YOUR TRIP TO CLEAR OUT **THIS TRAVEL ADVANCE.**

Please note: Advances cannot be issued more than 30 days prior to the beginning of your trip without receipts
(Reimbursements are treated differently, please ask Andi Jorgensen - andrea.jorgensen@lifesci.ucsb.edu)

Traveler's
Signature _____

Funding Source: _____