

# EEMB TRAVEL REIMBURSEMENT REQUEST

Recruitment Candidate

Seminar Speaker

Prospective Graduate Student

Other

Dept/Prog:

EEMB

IGPMS

OTHER

## PERSONAL INFORMATION: (Please Print)

Name of Traveler: \_\_\_\_\_

U.C. Employee: Yes No

Phone Number: \_\_\_\_\_

U.S. Citizen: Yes No

IF NO, PLEASE SUPPLY PASSPORT & I-9 CARD (NON-UC EMPLOYEES ONLY)

Permanent Resident PLEASE SUPPLY GREEN CARD

Address: (Where check should be mailed)

Purpose of Trip:

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Professional Title: \_\_\_\_\_

## TRAVEL INFORMATION:

Departure Date: \_\_\_\_\_

Departure Time (From Home): \_\_\_\_\_

Return Date: \_\_\_\_\_

Return Time (To Home): \_\_\_\_\_

Any personal time taken? No Yes Dates & Times: \_\_\_\_\_

Travel Expenses: (Please provide itemized receipts)

Driving: Car Rental: \_\_\_\_\_ Gasoline: \_\_\_\_\_ \$ \_\_\_\_\_

Personal Car: Car License # \_\_\_\_\_ RT Miles: \_\_\_\_\_ x \$ \_\_\_\_\_

Auto Insurance: Yes No

Airfare: RT Airline Ticket: Purchased Direct Billing \$ \_\_\_\_\_

Baggage Fees: \$ \_\_\_\_\_

Train, Bus, Taxi, or Ferry (Receipt Required) \_\_\_\_\_ \$ \_\_\_\_\_

Lodging: Receipts \$ \_\_\_\_\_

Direct Billing \$ \_\_\_\_\_

Food (Actual amount spent): See page 2 to calculate total \$ \_\_\_\_\_

Miscellaneous: Registration: \_\_\_\_\_ \$ \_\_\_\_\_

Parking: \_\_\_\_\_ \$ \_\_\_\_\_

Supplies: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Amount Requested as Reimbursement \$ \_\_\_\_\_

Did you receive a travel advance? No Yes

Are you being reimbursed from any other source? No Yes Other Source: \_\_\_\_\_

Traveler's  
Signature \_\_\_\_\_

Approval  
Signature \_\_\_\_\_

NAME & TITLE (NOT SAME AS TRAVELER)

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 OF \$75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

Funding Source: \_\_\_\_\_

