UCI Program in Public Health

TRAVEL REIMBURSEMENT FORM

Department: _____

Account Information

Account Name	Account Number	Sub Account	Project Code

Business Purpose: _____   ==Authorized Signature to Charge Account:== _____

Traveler Name: _____   **Address (non-employee):** _____

Destination: _____   **Travel Dates:** _____   **Departure Time:** _____   **Return Time:** _____

ADVANCE REIMBURSEMENT	EXPENSE TYPE	DATE		DATE		DATE		DATE		DATE		PAY TO	
												CORPORATE CARD (CC)	PERSONAL (P)
		CC	P	CC	P	CC	P	CC	P	CC	P		
	TRANSPORTATION *Airfare, Rental Car, Fuel, Uber/Lyft*												
	LODGING* *Daily Room & Tax*												
	MEALS* *(Alcohol is not permitted)*												
	FEES *Entry, Registration, Baggage , Visa*												
	PARKING/TOLL												
	MISCELLANEOUS												
	PER DIEM *(Foreign Travel Only)*	Click to calculate (# of days @ $/per day) : https://www.accounting.uci.edu/travel/reimbursement/per-diem.html											
											TOTALS		
											GRAND TOTAL *(INCLUDE ADVANCED TOTAL)*		

By signing this form, I certify that the above statement of travel or entertainment expenses incurred by me, in accordance with the rules of the University of California, Irvine, is true in all respects; that payment of the amounts claimed has not and will not be reimbursed to me from any other source(s); that travel performed for which reimbursement is claimed was performed by the traveler on University business and that no claims are included for expense of a personal nature or for any other expense not authorized for University business.

_____   _____

Traveler's Signature   **Date**

* Per UCI travel policy, the lodging rate is $333.00/ per night (before taxes & fees), and the meal rate is $79.00/ per day. Please note, the daily travel meal rate is not flexible per IRS limitations/regulations.