



Mechanical Engineering Travel Reimbursement Form

Submit completed form along with all original itemized receipts to your travel processor (Juana Guerrero)

Traveler Information

Name _____
Personal Mailing Address _____
(non-UCR employees only) _____

Date _____
Email _____
Phone _____

Documentation & Instructions

Please submit completed form along with all itemized receipts, meeting agenda, flyer or/and itinerary pertaining the travel to your travel coordinator. If the proof of payment is not indicated on the itemized receipt, a bank statement can be provided. You may contact your travel coordinator for any questions or concerns at juana@engr.ucr.edu

Trip Information/Notes

Provide a short description regarding the purpose of travel.

Origin (City, State, Country) _____ Destination (City, State, Country) _____
Departure Date (MM/DD/YYYY) _____ Return Date _____
Departure Time _____ Return Time _____
Was there any personal days during this trip? Yes No
Indicate personal days To _____ From _____ Personal days taken during a business travel require an airfare comparison prior to the travel.

Transportation/Registration Expenses

Airfare	\$ _____	Was the airfare prepaid?	Yes	No	Private Car Mileage	\$ _____
Baggage Fee	\$ _____				License Plate #	_____
Shuttle	\$ _____				Parking	\$ _____
Vehicle Rental	\$ _____				Taxi, Uber, Lyft, Etc.	\$ _____
Gas (vehicle rental only)	\$ _____				Other	\$ _____
Specify other _____						

Meals

The actual amount spent on meals per day
The maximum cap per day is \$62

Day 1	\$ _____	Day 5	\$ _____	Day 9	\$ _____	Day 13	\$ _____
Day 2	\$ _____	Day 6	\$ _____	Day 10	\$ _____	Day 14	\$ _____
Day 3	\$ _____	Day 7	\$ _____	Day 11	\$ _____	Day 15	\$ _____
Day 4	\$ _____	Day 8	\$ _____	Day 12	\$ _____	Day 16	\$ _____
Additional days _____							

Lodging

Did you stay with a friend, colleague or family and have no lodging expenses? Yes No
If so, with whom? _____ Total Lodging \$ _____

Miscellaneous Business Expenses

Conference Registration	\$ _____	Specify other _____
Poster Printing	\$ _____	
Wi-Fi / Internet Access	\$ _____	
Other	\$ _____	

Comments:

APPROVAL

PI / Advisor Name _____

PI / Advisor Signature _____

Account (FAU) to be charged _____

Total Reimbursement Requested

\$ _____