

Mechanical Engineering Travel Reimbursement Form

Please submit through iTravel and provide 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 _____ 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 Total Lodging \$ _____
 If so, with whom? _____

Miscellaneous Business Expenses

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

Comments:

APPROVAL

PI / Advisor Name _____

PI / Advisor Signature _____

Account (FAU) to be charged _____

Total Reimbursement Requested

\$ _____