

CECS TRAVEL REIMBURSEMENT FORM

Payee Information			
Name:	<input style="width: 90%;" type="text"/>	Employee/Student ID:	<input style="width: 90%;" type="text"/>
Email:	<input style="width: 90%;" type="text"/>	Phone:	<input style="width: 90%;" type="text"/>
Non-UCI Employees			
Mailing Address:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 25%;" type="text"/>	State:	<input style="width: 10%;" type="text"/> Zip: <input style="width: 15%;" type="text"/>
Phone:	<input style="width: 25%;" type="text"/>	SSN:	<input style="width: 40%;" type="text"/>
U.S. Citizen:		<input style="width: 10%;" type="text"/> Yes	<input style="width: 10%;" type="text"/> No

Trip Information			
Departure Date:	<input style="width: 90%;" type="text"/>	Departure Time:	<input style="width: 90%;" type="text"/>
Return Date:	<input style="width: 90%;" type="text"/>	Return Time:	<input style="width: 90%;" type="text"/>
Destination:	<input style="width: 95%;" type="text"/>		
Purpose of Trip:	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		

Expense Summary		Amount
Airfare	Ticket number required on receipt	
Lodging	Room & Tax only	
Meals	Please complete Meal Log	
Registration	Proof of attendance (badge or program) required	
Car Rental	Detailed receipt required	
Taxi, Car Service, Train, Metro, Bus	Please complete Transportation Log	
Mileage	Please complete Mileage Log	
Parking		
Internet/Phone		
Other (Explain)		
Total Reimbursement Due:		

Account Name	KFS Account #	Amount

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, that I have attached original receipts as required by UC Policy.

Traveler Signature: _____ Date: _____

PI/Supervisor Signature: _____ Date: _____