

Travel Expense Report

Department			
Traveler Name			
Traveler Address			
UCR Employee	Yes	or	No
US Citizen	Yes	or	No
Travel Destination			
Trip Begin Date			
Trip Completion Date			
Purpose			

NOTE:

- All items submitted must be accompanied by **ITEMIZED ORIGINAL RECEIPT** and **PROOF OF PAYMENT**. If a credit card is used, the receipt must show at least last four digits of the card used.
- For travel to scholarly meetings, please attach proof of research presentation, panel participation, etc.
- Funds coming from a grant are limited to grant amount and/or balance and grant restrictions.

TRANSPORTATION: (V check):

___ \$ _____ AIRFARE PREPAID BY UCR - ATTACH AIRFARE TICKET STUB/CHECK-IN CONFIRMATION

___ \$ _____ AIRFARE WAS PAID BY YOU - ATTACH AIRFARE TICKET ITINERARY/RECEIPT/PROOF OF PAYMENT

___ PERSONAL CAR USED (Complete only if claiming mileage)

___ Can you provide proof of car insurance upon request?

CAR LICENSE _____ # MILES _____

LODGING:

\$ _____ ATTACH ITEMIZED LODGING RECEIPT

MEALS: (Actual meal and incidental expenses incurred up to the limit of \$64.00 per day.)

List meal expenses

DATE: _____

\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____

CONFERENCE FEES: _____ **BUSINESS EXPENSES:** _____

INCIDENTAL EXPENSES:

PARKING \$ _____ BAGGAGE \$ _____ BUS/SHUTTLE \$ _____
TAXI \$ _____ MISC. \$ _____

ADDITIONAL COMMENTS:

Please specify what fund you are seeking reimbursement from:

Signature _____