

UCI EMPLOYEE	NON UCI EMPLOYEE
Payee Name: _____ Employee I.D.#: _____ Department Affiliation: _____ Email: _____ Phone: _____	Payee Name: _____ Social Security or ITIN,#: _____ Address: _____ City: _____ State: ____ Zip Code: _____ Email: _____ Phone: _____ US Citizen/Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO* <i>* If No, provide copy of I-94, Visa Page, Passport Page, and Certification of Academic Activity Form</i>

W-9  
Form

**CHOOSE A PAYMENT TYPE**

<input type="checkbox"/> Advance Payment <input type="checkbox"/> Clear Advance <input type="checkbox"/> Travel Reimbursement	Destination: _____ Purpose of Travel: _____ Travel Dates: _____ Departure Time: _____ Return Time: _____
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EXPENSE TYPE	INSTRUCTIONS/POLICY	AMOUNT:
<b>ADVANCE</b>	Trip Number: <b>T</b>	
<b>AIRFARE</b>	Itinerary & Receipt <b>Required</b> (must include Ticket # and Proof of Payment) Was Connexus used to book airfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, document reason below:	
<b>LODGING</b>	Itemized Hotel Folio ( <b>Room &amp; Tax Only</b> )	
<b>REGISTRATION</b>	- Receipt & Copy of Conference Agenda - Meals Included in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RENTAL CAR</b>	- Receipt Must Include Miles In & Miles Out - Additional Insurance <b>WILL NOT</b> Be Reimbursed ( <i>Unless Outside Continental U.S.</i> )	
<b>GROUND TRANSPORTATION</b>	Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
<b>MILEAGE</b>	- <a href="#">Mileage Log Form</a> - <a href="#">Mileage Rates</a> - Vehicle Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MEALS</b>	<b>ACTUAL</b> Meal Expenses up to \$64.00 per day.	
CONTINENTAL US NO MEALS FOR TRAVELS <b>LESS THAN 24 HOURS</b>	Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
<b>FOREIGN PER DIEM</b>		
OUTSIDE OF CONTINENTAL US INCLUDING A.K. & H.I. ( <i>List each location separately</i> )	Date: _____ Location: _____ Per Diem Rate: _____ Rate Claiming ( <i>if different than per diem rate</i> ): _____	
<b>LODGING</b>		
	Date: _____ Location: _____ Per Diem Rate: _____ Rate Claiming ( <i>if different than per diem rate</i> ): _____	
<b>OTHER EXPENSES</b>		
PHONE, INTERNET, TOLL, GAS, MEMBERSHIP, SUPPLIES, ETC.		

TOTAL (U.S. Dollars \$):  
REIMBURSE PAYEE:  
PAY UCI CORPORATE VISA:

**TRAVEL EXPENSE CERTIFICATION**

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 and understand the [Privacy Notification](#).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FUNDING**

ACCOUNT/FUND#: _____	APPROVAL: _____
ACCOUNT/FUND#: _____	APPROVAL: _____