University *of* California • Irvine
School *of* Social Sciences

TRAVEL ADVANCE/TRAVEL EXPENSE REIMBURSEMENTS

Business Office: 949-824-3898, Fax: 949-824-3598
School of Social Sciences, Irvine, CA 92697-5100

UCI EMPLOYEE	NON UCI EMPLOYEE
Payee Name: _____	Payee Name: _____
Employee I.D.#: _____	Social Security or ITIN,#: _____
Department Affiliation: _____	Address: _____
Email: _____	City: _____ State: ___ Zip Code: _____
Phone: _____	Email: _____
	Phone: _____
	US Citizen/Permanent Resident? ☐ YES ☐ NO*
	** If No, provide copy of I-94, Visa Page, Passport Page, and Certification of Academic Activity Form*
	W-9 Form

CHOOSE A PAYMENT TYPE

☐ Advance Payment
☐ Clear Advance
☐ Travel Reimbursement

Destination: _____
Purpose of Travel: _____
Travel Dates:_____ Departure Time: _____ Return Time: _____

EXPENSE TYPE	INSTRUCTIONS/POLICY	AMOUNT:
ADVANCE	Trip Number: **T**	
AIRFARE	Itinerary & Receipt **Required** (must include Ticket # and Proof of Payment) Was Connexxus used to book airfare? ☐ Yes ☐ No If no, document reason below:	
LODGING	Itemized Hotel Folio **(Room & Tax Only)**	
REGISTRATION	- Receipt & Copy of Conference Agenda - Meals Included in Registration Fee? ☐ Yes ☐ No	
RENTAL CAR	- Receipt Must Include Miles In & Miles Out - Additional Insurance **WILL NOT** Be Reimbursed (*Unless Outside Continental U.S.)*	
GROUND TRANSPORTATION	Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
MILEAGE	- Mileage Log Form - Mileage Rates - Vehicle Liability Insurance? ☐ Yes ☐ No	
MEALS CONTINENTAL US NO MEALS FOR TRAVELS **LESS THAN** 24 HOURS	**ACTUAL** Meal Expenses up to $64.00 per day. Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
FOREIGN PER DIEM OUTSIDE OF CONTINENTAL US INCLUDING A.K. & H.I. (*List each location separately*)	**MEALS & IE** Date: _____ Location:_____ Per Diem Rate: _____ Rate Claiming (*if different than per diem rate*): _____	
	LODGING Date: _____ Location:_____ Per Diem Rate: _____ Rate Claiming (*if different than per diem rate*): _____	
OTHER EXPENSES 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: _____