

Travel & Other Reimbursement Request

Employee Name: _____
 Employee ID: _____
 City of Residence: _____
 Department: _____
 Expenses From (date): _____
 Expenses To (date): _____

Type of Expense : Travel Other Reimbursement

Name of the Event: _____
 Business Purpose/Comments:

Claiming Car Mileage: If yes, license plate #: _____

Does the car have the minimum liability coverage prescribed by UC Policy? Yes No
 -\$50,000 for personal injury to, or death of, one person.
 -\$100,000 for injury to, or death of, two or more persons in one accident.
 -\$50,000 for property damage.

Reimbursement Request

Date	Airfare	Hotel (domestic limit: \$333/night)	Meals & Incidentals (\$92 per day)	Misc. Hotel fees	Transport	Parking	Mileage (\$0.70 mile)	Baggage Fee	Registration	Misc
Total										

* Please specify the miscellaneous expenses in the Business Purpose/Comments section. **IMPORTANT NOTE:**
 The \$92 per day limit for meals and incidentals includes tips and fees for services (i.e. for waiters, baggage handlers, etc)

TOTAL REIMBURSEMENT:

Prior Reimbursements & Prepaid Expenses

Airfare - PTA #	Airfare - \$	Registration - Invoice #	Registration - \$	Other (please specify)	Other - \$

B&F use only:
 Account Fund Sub Project Source
 FAU: _____

SIGNATURE: _____
 AUTHORIZED BY: _____