

TRAVEL REIMBURSEMENT REQUEST FORM

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Purpose of Trip: _____

Receipts are required and must include method of payment (four digits of the credit card used).

Reimbursable expenses: Airfare, Hotel, transportation to/from airport and hotel, registration, meals.

*Airline: _____ Total: \$ _____

Departure Date: _____ Time: _____ / Return Date: _____ Time: _____

*Hotel: _____ #Nights: _____ Total: \$ _____

*Registration Fee: Event Name _____ Total: \$ _____

Personal Transportation: Vehicle License #: _____

Roundtrip from home/office to airport: _____ X \$0.655/mile Total: _____

Other Transportation: Taxi/Airport Parking/Day Parking/Tolls/Bus/etc.

Type: _____ Date: _____ Total: \$ _____

Type: _____ Date: _____ Total: \$ _____

Meal Expenses:

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____ Total: \$ _____

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____ Total: \$ _____

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____ Total: \$ _____

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____ Total: \$ _____

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____ Total: \$ _____

Incidentals: Type _____ Date: _____ Total: \$ _____

Type _____ Date: _____ Total: \$ _____

Total Reimbursement 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.

Signature: _____ Date: _____

EMAIL THIS FORM WITHIN 2 weeks after return from travel WITH SCANNED RECEIPTS TO:

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