

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: \$275/night)	Meals & Incidentals (\$79 per day)	Misc. Hotel fees	Transport	Parking	Mileage (\$0.655 mile)	Baggage Fee	Registration	Misc
Total										

* Please specify the miscellaneous expenses in the Business Purpose/Comments section. **IMPORTANT NOTE:**
 The \$62 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: _____