

TRAVEL REIMBURSEMENT FORM

School of Social Sciences

Send completed forms to SocSciReimbursements@uci.edu

PAYEE INFORMATION	
UCI Employee Name:	Non Employee Name:
UCI Email:	Email:
	Mailing Address:
	Vendor#: Phone #
	US Citizen: Yes No <i>* If No, please provide a copy of your Permanent Resident Card; or I-94, Visa, passport and Certification of Academic Activity.</i>

TRAVEL INFORMATION
Travel Business Purpose: Submit Agenda & provide Business Justification to include who, what, when, where and why. Example: Attended and presented at the American Economic Association (ASSA) Annual Meeting held in San Francisco, CA from May 25, - May 28, 2025.

Destination (City, State, County) _____

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

TYPE OF EXPENSE	REQUIRED DOCUMENTS	AMOUNT
Airfare	Itinerary, proof of payment & ticket number	
Lodging	Itemized hotel folio showing payment, room & tax	
Meals	Complete and Submit Page 2	
Membership Fee	Invoice showing proof of payment Charged on federal funds? YES NO	
Parking	Itemized receipt showing proof of payment if over \$75	
Private Car Mileage	Number of Miles _____ UCI Mileage Rates	
Registration Fee	Itemized invoice showing proof of payment if over \$75	
Rental Car	Itemized contract showing payment, mileage in & out	
Taxi/Bus/Shuttle/Train	Complete and Submit Page 2	
WiFi/Internet	Itemized receipt showing proof of payment if over \$75	
Other		
	Total Expenses	\$
	Pay Corporate Card	
	Reimburse Payee	

SPECIAL CIRCUMSTANCES		
Is any alcohol being reimbursed? <i>(No alcohol allowed on state or restricted fund sources)</i>	YES	NO
Are there any exceptional activities associated with this expense/disbursement? <i>If Yes, please explain/justify:</i>	YES	NO
Description of expense limit imposed by department, grant, or some other budgetary restriction:		
Is anyone traveling with you as a companion, that is not on University Business?	YES	NO
Did you stay overnight with family or friends?	YES	NO
Are there any expenses that were incurred due to the disability needs of any travelers?	YES	NO

COMMENTS/JUSTIFICATIONS

KFS Account #	Project Code	Org Ref ID	PI or Dept Manager Signature

