

Send completed/signed form to:

UC Riverside
Dept. of Physics and Astronomy
900 University Avenue
Riverside, CA 92521

Date Submitted: _____

TRAVEL EXPENSE REPORT

(To be filled out after each trip)

Please sign the back of the form

NAME of Traveler: _____

PURPOSE of Travel: _____

DESTINATION: From: _____ To: _____

DATE of Departure: _____ **Time of day From Campus/Home:** _____

DATE of Return: _____ **Time of day To Home/Campus:** _____

FUND(s) to be charged: _____

Please see the Professor to identify the fund to use

US Citizen: Yes [] No [] _____

If non-citizen, state visa type and country of citizenship.

UC Employee [] _____ Non-employee [] _____ Colloquium [] _____

FILL IN THIS INFORMATION WITHOUT EXCEPTION (Required):

(PLEASE PRINT CLEARLY)

Home Address:
<i>Check will be mailed to the address listed.</i>
Email Address:
Contact Phone # ()

Transportation Expenses *(indicate round trips by "RT")*

**Original Receipts Required for Reimbursement*

Original receipts attached?

Air From/To: _____ Cost \$ _____ Yes [] No []

Rental Car From/To: _____ Cost \$ _____ Yes [] No []

Shuttle From/To: _____ Cost \$ _____ Yes [] No []

Taxi/Bus From/To: _____ Cost \$ _____ Yes [] No []

Train From/To: _____ Cost \$ _____ Yes [] No []

Private Car License #: _____ State: _____ Insurance? Yes [] No []

From/To: _____ Miles: _____ [RT] *(paid at prevailing rates)*

Lodging, Meals, Incidental Expenses

Original receipts attached?

Lodging: _____ days @ \$ _____ /day Cost \$ _____

Yes [] No []

Lodging: _____ days @ \$ _____ /day Cost \$ _____

Yes [] No []

Meals: How many days? _____ What was the cost of meals per day? _____

Other Expenses:

Original receipts attached?

Gas: _____

Yes [] No []

Tolls: _____

Yes [] No []

Parking: _____

Yes [] No []

Registration Fees: _____

Yes [] No []

Other (i.e., airfare penalty charges, baggage, etc.): _____

Yes [] No []

IMPORTANT:

Did you receive a CASH ADVANCE for this trip?

Yes [] No []

Amount \$ _____ List PO Number if known: _____

Were airplane tickets, reg. fees, etc., charged to the University?

Yes [] No []

Amount \$ _____ List PO Number if known: _____

Traveler's Signature: _____ Date _____

Professor's Signature: _____ Date _____

Department Chair Signature: _____ Date _____