

**TRAVEL REIMBURSEMENT EXPENSE FORM  
BOTANY & PLANT SCIENCES/GGB PROGRAMS**

**THE FOLLOWING INFORMATION MUST BE PROVIDED IN ORDER TO RECEIVE REIMBURSEMENT FOR TRAVEL EXPENSES ALONG WITH ORIGINAL RECEIPTS.**

Name: \_\_\_\_\_ FAX: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Visa \_\_\_\_\_

If you are on a B1, B2, WB, or WT visa please see Jodie to fill out the "Certificate of Activity Form"

PURPOSE OF TRIP \_\_\_\_\_  
\_\_\_\_\_

Date/Time Left Home: \_\_\_\_\_ Date/Time Returned Home: \_\_\_\_\_

If claiming mileage or parking - Vehicle License Plate Number: \_\_\_\_\_

Beginning Odometer \_\_\_\_\_ Ending Odometer \_\_\_\_\_

Air Fare (original receipt required/Itinerary showing form of payment): \_\_\_\_\_ Cost: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Hotel Cost (original receipt required): \_\_\_\_\_

Parking Cost (original receipt required): \_\_\_\_\_

Rental Car Cost (original receipt required): \_\_\_\_\_

Meals: Maximum allowed \$64 per day with an overnight stay (actual expenses, attach **original** receipts; meals provided cannot be claimed twice).

Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Cost: \_\_\_\_\_

Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Cost: \_\_\_\_\_

Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Cost: \_\_\_\_\_

Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Cost: \_\_\_\_\_

Please return within **7 days** to:

Jodie Messin, Travel Coordinator  
University of California, Riverside  
2142 Batchelor Hall  
Riverside, CA 92521  
Office: 951-827-4401

\_\_\_\_\_  
OFFICE USE ONLY

FAU: \_\_\_\_\_

\_\_\_\_\_  
Faculty Approval  
\_\_\_\_\_