

**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 Jennifer Reising 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 and Incidentals: Maximum allowed \$62 per day with an overnight stay (actual expenses, meals provided cannot be claimed twice).

Date: _____ Meal: _____ Cost: _____

Date: _____ Meal: _____ Cost: _____

Date: _____ Meal: _____ Cost: _____

Date: _____ Meal: _____ Cost: _____

Please return within **7 days** to:

Jennifer Reising, Travel Coordinator
University of California, Riverside
2142 Batchelor Hall
Riverside, CA 92521
Office: 951-827-4401
jreising@ucr.edu

OFFICE USE ONLY

FAU: _____

Faculty Approval
