

# Visitor Travel Reimbursement

<b>Name</b>				
<b>Home Address</b>				
<b>Phone</b>				
<b>Email</b>				
<b>Purpose of Trip</b>				
<b>Trip Date(s)</b>				
<b>Destination</b>	From:			To:
<b>Transportation</b>	Mileage:			License Plate: #
	Airfare:			<i>Receipt Required</i>
	Rental Car & Gas:			<i>Receipt Required</i>
	Parking & Misc. Transportation:			<i>Receipt Required if over \$75</i>
		<b>Meals</b>	\$	
		<b>Lodging</b>	\$	
		<b>Misc. Expenses</b>	\$	
		<b>Total Travel Reimbursement</b>	\$	
<b>Your Signature</b>				
<b>P.I. Approval Signature</b>				
<b>FAU</b>	Activity:	Fund:	Function:	Cost Center:

Once this form has been returned to travel coordinator, with emailed receipts, the trip will be input into UCR iTravel system. A travel summary form will be sent to the travelers email listed above for an approval signature. Please return the travel summary to the travel coordinator. Once the trip has been approved please allow 7-10 business days for the reimbursement.