*Note: Receipts must be turned in no more than two weeks after the travel*

# TRAVEL REIMBURSEMENT REQUEST

| NAME OF TRAVELER TO BE REIMBURSED AND MAILING ADDRESS: | SOCIAL SECURITY NUMBER: | ARE YOU EMPLOYED BY UCSD? | U.S. CITIZEN? | VISA TYPE IF APPLICABLE: |
|---|---|---|---|---|
| | STUDENT ORGANIZATION NAME: | COMPLETED BY & DATE: | | |
| | | EMAIL & PHONE #: | | |

| DEPARTURE CITY : | DEPARTURE TIME: | ARRIVAL CITY: | ARRIVAL TIME: | EVENT LOCATION (CITY): |
|---|---|---|---|---|
| | | | | |

PURPOSE OF EVENT:

**AIRFARE CAN ONLY BE REIMBURSED TO THE PERSON WHO PAID FOR IT.**

| ROUNDTRIP AIRFARE COST: | $ TOTAL | WHAT FORM OF PAYMENT DID YOU USE? IF BY CREDIT CARD, DOES IT BELONG TO YOU? IF NOT, WHOSE IS IT? |
|---|---|---|
| COST OF LODGING ROOM #1: | Rm. & tax per night = $ x nights | WHO STAYED IN THE ROOM AND THEIR CITIZENSHIP? |
| If applicable ROOM #2 | Rm. & tax per night = $ x nights | WHO STAYED IN THE ROOM AND THEIR CITIZENSHIP? |

**MILEAGE IS PAID BASED ON THE CURRENT CPI. IT IS APPROX. $0.34/MILE OR YOU CAN CHOOSE TO TURN IN GAS RECEIPTS. FILL OUT THE APPROPRIATE LINE BELOW:**
**GAS CAN ONLY BE REIMBURSED TO THE PERSON WHO PAID FOR IT.**

| PRIVATE CAR MILEAGE : >>>>>>>>>>>>>>>>>>>>>>>>>>>> OR | MILES DRIVEN: #_____ | IF REQUESTING MILEAGE REIMBURSEMENT FOR A PRIVATE CAR: Does the car used have liability insurance? YES or NO | LIST OF PERSONS TRANSPORTED |
|---|---|---|---|
| GAS COSTS, ADD UP ALL RECEIPTS :>>>>>>>>>>>>>>>>> | $ TOTAL | Vehicle License #: | Use back side of this page if needed. |

| RENTAL CAR COST: | $ TOTAL | $ /DAY X # DAYS RENTED | **THE UNIVERSITY WILL NOT REIMBURSE FOR ANY INSURANCE.** |
|---|---|---|---|
| REGISTRATION COST: | $ TOTAL | IF YOU PAID FOR ANYONE ELSES REGISTRATION PLEASE LIST THEIR NAMES AND CITIZENSHIP: | |
| MISCELLANEOUS EXPENSES: | $ TOTAL | DESCRIBE: | |

| WHO FUNDED THIS EVENT?: | HOW MUCH WAS FUNDED? |
|---|---|

SPBO OFFICE USE ONLY:

EVENT NUMBER:

DATE SENT TO TRAVEL:

COMMENTS:

Last updated 7/31/03