



UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

Travel Expense Form

PURPOSE: Use this form to claim reimbursement for all travel expenses.

Date: _____ Name: _____ Social Security Number: _____

Address (City, State & Zip)
 Or Mail Code _____

Email Address: _____ Phone Number: _____

Visa Type: H-1B J-1 B-1 B-2 WB WT

(Check One if Applicable)

Visa #: _____

Purpose and Destination of Travel:

Dates of Travel: _____ Index Number(s) to be Charged: _____

Amounts to be reimbursed directly to you:

Amounts you wish to be paid directly to UCSD Travel Card:

Meals

Meals

Lodging

Lodging

Parking

Parking

Taxi/Shuttle

Taxi/Shuttle

Airfare

Airfare

Registration Fees

Registration Fees

Other

Other

TOTAL AMOUNT
(NOT charged to UCSD Travel Card)

TOTAL AMOUNT
(Charged to UCSD Travel Card)

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATIVE CONTACT PERSON