

### Travel Expense Form

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

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

Today's Date:  Full Name (First, Middle, Last):

Address (City, State & Zip)

OR  
Mail Code  Phone Number:

Email Address:

Visa Type (Check One if Applicable):  H-1B  J-1  B-1  B-2  WB  WT

Visa#:

Purpose and Destination of Travel:

Dates of Travel:  
Departure

Chart String (COA/POETAF) to be Charged:  
Project#  Task#

Return

Project Name/Nickname: \_\_\_\_\_  
Check the box only if this is a charge to Research Funds:

**\*\* Please refer to the Policies (by clicking on the following links) for current limitations before completing the rest of this form:**

[Travel: Meals and Lodging](#)

[Meetings and Entertainment: Maximum Meal Expenses](#)

Amounts to be reimbursed directly to you:	
	Meals
	Lodging
	Parking
	Taxi/Shuttle
	Airfare
	Registration Fees
	Other:
	<b>TOTAL AMOUNT</b> (NOT charged to T&E Card)

Amounts you wish to be paid directly to UCSD Travel & Entertainment (T&E) Card:	
	Meals
	Lodging
	Parking
	Taxi/Shuttle
	Airfare
	Registration Fees
	Other:
	<b>TOTAL AMOUNT</b> (Charged to UCSD T&E Card)

**\*\* SSPPS does not reimburse alcohol expenses.**