

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:

Meals

Lodging

Parking

Taxi/Shuttle

Airfare

Registration Fees

Other

TOTAL AMOUNT
(NOT charged to UCSD Travel Card)

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

Meals

Lodging

Parking

Taxi/Shuttle

Airfare

Registration Fees

Other

TOTAL AMOUNT
(Charged to UCSD Travel Card)

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