

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

Email Address: Phone Number:

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:	Chart String (COA/POETAF) to be Charged:
Departure <input type="text"/>	Entity# <input type="text"/> Program# <input type="text"/>
	Fund# <input type="text"/> Location# <input type="text"/>
Return <input type="text"/>	Financial Unit# <input type="text"/> Project# <input type="text"/>
	Account# <input type="text"/> Task# <input type="text"/>
	Function# <input type="text"/> Award# <input type="text"/>
	Funding Source# <input type="text"/>

Click on bullet points below to review
Maximum Allowable Expenses by Policy:

- Meal Expenses
- Meals and Lodging

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

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