

Department of Economics
TRAVEL REIMBURSEMENT CLAIM FORM

Date: _____ Preparer: _____
Preferred Contact Info (if not Payee): Name: _____ Email: _____ Phone: _____

PAYEE	Name: _____	Emp/Stu/Vendor ID: _____
	Email: _____	Phone: _____
	US Citizen/Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if no, please include a copy of your passport and the page showing entry date to USA, I-94, UC-W8-BEN, COOAA)</i>	

TRIP	Business Purpose and Other Details:
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TRANSPORTATION & MISC. EXPENSES	Air Fare:	Seeking Reimbursement? <input type="checkbox"/> NO (if you paid with Direct Bill, please include Connexus Itinerary)	<input type="checkbox"/> YES (fill out section below)						
	Time: _____	Date: _____	From: _____	To: _____	Cost: _____				
	Time: _____	Date: _____	From: _____	To: _____	Cost: _____				
	Time: _____	Date: _____	From: _____	To: _____	Cost: _____				
	Time: _____	Date: _____	From: _____	To: _____	Cost: _____				
	Air total: _____								
	Personal Car: Standard Mileage Rate is 65.5 cents for travel on or after January 1, 2023 .								
		Date	Drove from Address	Drove To Address	Rate	Miles	Amount		
	Car Total: _____								
Uber/Lyft: _____	Uber/Lyft: _____	Phone: _____							
Uber/Lyft: _____	Uber/Lyft: _____	Internet: _____							
Gas: _____	Shuttle/Bus/Bart: _____	Taxi: _____							
Parking: _____	Tips (non-meal): _____	Taxi: _____					Other: _____		
Toll: _____	Baggage: _____	Taxi: _____							
Conference/Registration Fee: _____									
Optional Notes/Comments: _____									
Total Transportation & Misc. Expenses: _____									

LODGING , M&IE	Lodging, Meals & Incidentals (M&IE): <i>Travelers can only claim actual expenses up to Federal Per Diem Rate for the locality of travel.</i> Per Diem Rates Link								
	Daily M&IE limits for domestic trips under 30 days is \$79 without exception. Daily lodging limit for domestic trips under 30 days is \$275 room rate, excluding taxes & fees.								
	Claiming Per Diem? (International travel only) <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, fill out per diem rate and days at bottom of section only)								
	Date	Location	Currency	Lodging	Breakfast	Lunch	Dinner	Other	Amount
	Per Diem Rate/day: _____	# of Days: _____							
Total Lodging, M&IE: _____									

ESTIMATED TOTAL REIMBURSEMENT: _____

COA		Fund Desc	Fund #	Dept ID	Program	CF1	CF2	Amount

CERTIFICATION	<i>I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University Policy.</i>							
	Traveler	Name: _____	Signature: _____	Date: _____				
	Authorizer	Name: _____	Signature: _____	Date: _____				
	(if not same as traveler)	_____	_____	_____				