

TRAVEL REIMBURSEMENT FORM

UC Merced

Please reimburse me for the following expenses incurred as a result of my trip.

Purpose of travel- include name of conference, research, committee (attach agenda, registration, dated conference flier):

Left Home/Office	Date of Arrival	Time of Arrival	Return Home/Office	Date of Return	Time of Return
---------------------	-----------------	-----------------	-----------------------	----------------	----------------

Traveler Name	Traveler Signature
---------------	--------------------

Street Address	City, State, Zip Code
----------------	-----------------------

Email Address	Phone
---------------	-------

Please list expenses incurred during your visit and attach original receipts. Meals and IE for domestic travel is limited to \$64.00 per day. Mileage rate for personal car use is 0.50 cents per mile. If using a rental car, only the rental cost and gas will be reimbursed. No mileage will be reimbursed on rental car use. If during travel you incurred any entertainment expenses for recruitment or other entertainment purposes that exceed the \$64.00 per day, please submit a separate Entertainment Reimbursement Form.

Expense Description - <i>Please Print</i>	Date	Amount
Attach additional sheet for more expenses	TOTAL	

List the account/s to be charged _____

To be completed by UC Merced Host or Reimbursement Processor						
ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT	SOURCE

revised 1/2010

Please return this completed and signed form along with all original receipts to:
UC Merced - SSHA, 5200 N. Lake Road, Merced, CA 95343