

UCI EMPLOYEE	NON UCI EMPLOYEE
Payee Name: _____ Employee I.D.#: _____ Department Affiliation: _____ Email: _____ Phone: _____	Payee Name: _____ Social Security or ITIN,#: _____ Address: _____ City: _____ State: ____ Zip Code: _____ Email: _____ Phone: _____ US Citizen/Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO* <i>* If No, provide copy of I-94, Visa Page, Passport Page, and Certification of Academic Activity Form</i>

W-9
Form

CHOOSE A PAYMENT TYPE

<input type="checkbox"/> Advance Payment <input type="checkbox"/> Clear Advance <input type="checkbox"/> Travel Reimbursement	Destination: _____ Purpose of Travel: _____ Travel Dates: _____ Departure Time: _____ Return Time: _____
---	--

EXPENSE TYPE	INSTRUCTIONS/POLICY	AMOUNT:
ADVANCE	Trip Number: T	
AIRFARE	Itinerary & Receipt Required (must include Ticket # and Proof of Payment) Was Connexus used to book airfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, document reason below: _____ _____	
LODGING	Itemized Hotel Folio (Room & Tax Only)	
REGISTRATION	- Receipt & Copy of Conference Agenda - Meals Included in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RENTAL CAR	- Receipt Must Include Miles In & Miles Out - Additional Insurance WILL NOT Be Reimbursed (<i>Unless Outside Continental U.S.</i>)	
GROUND TRANSPORTATION	Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
MILEAGE	- Mileage Log Form - Mileage Rates - Vehicle Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEALS	ACTUAL Meal Expenses up to \$64.00 per day.	
CONTINENTAL US NO MEALS FOR TRAVELS LESS THAN 24 HOURS	Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____	
FOREIGN PER DIEM	MEALS & IE	
OUTSIDE OF CONTINENTAL US INCLUDING A.K. & H.I. (List each location separately)	Date: _____ Location: _____ Per Diem Rate: _____ Rate Claiming (<i>if different than per diem rate</i>): _____	
	LODGING	
	Date: _____ Location: _____ Per Diem Rate: _____ Rate Claiming (<i>if different than per diem rate</i>): _____	
OTHER EXPENSES		
PHONE, INTERNET, TOLL, GAS, MEMBERSHIP, SUPPLIES, ETC.		

TOTAL (U.S. Dollars \$):
REIMBURSE PAYEE:
PAY UCI CORPORATE VISA:

TRAVEL EXPENSE CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University Business, on the dates shown, that I have attached original receipts as required by UC Policy and understand the [Privacy Notification](#).

Signature: _____ Date: _____

FUNDING

ACCOUNT/FUND#: _____	APPROVAL: _____
ACCOUNT/FUND#: _____	APPROVAL: _____