

## **Travel Request Form** Page 1 of 2

this form should be used for pre and post travel requests

	accurate to complete reservations			
TRAVELER INFORMATION	For Federal purposes, enter	information as it is stated on your Drivers	s License or Passport	
Legal Name: First	Middle	Last		
Preferred Name		Title		
Date of Birth		Biological Sex as stated on DL:  Male/Female/Non-binary	emale	Non-Binary
Email		Cell Phone:		
TSA # (if applicable)		cent none.		
DHS Redress # (if applicable	a) Airlines:	(if applicable)		
Is traveler a UCR employ	vee Yes No <i>Flyer / I</i>	Member #		
Conference Name:		Conference Date	es	
AIRFARE REQUEST	Check one: Prepayment is requ	ested Reimbursement	will be requested	
Date of Departure Flight:		Date of Return flight:		
Departure Airport:		Airport Flying Into:		
Time Range to Depart:	to	Time Range to Return	: to	
Airplane Preferences: A	<u>sisle Seat</u> or <u>Window Sea</u>	<u>t</u> O <u>Front of Plane</u>	or Back of Pla	ane O
CAR RENTAL REQUEST N	lo Prepayment, Reservation Only	Reimbursement v	will be requested	
		Car Type: <u>(</u>	Compact O Inte	rmediate O
Pick -up /Drop-off to correspond with flight	:s: Yes No	Ecc	onomical O	
(If No) Pick-up & Drop-off i	nfo:			
	Location, Date, Time	9	Location, Date, Tin	ne
LODGING REQUEST	Check one: Prepayment is reque	sted Reimbursement	will be requested	
	Name of Hotel		Address	
Hotel Information:				
Check-In Date:	Check-Out Date:	Roor	m Type: 1 Bed Sir	ngle - King
Any Special Needs:			2 Bed Double	e - Queens
REGISTRATION REQUEST	Please attach agendas, conference	brochures, and/or completed regis	tration form or invoice fror	m organization
Prepayment (roimbu	Prepayment not needed Conf	ference registration link:		
BUSINESS PURPOSE (REQUIRED F	rsement wil be requested)  FIELD  If any of the travel	dates will be for personal use,	list them in the comm	ent box below



## **Travel Request Form** Page 2 of 2

Reset Button

Estimate your trip expenses. Include all expenses that will be associated with your trip. This form will be submitted prior to your trip for approval, and at the completion of your trip for reimbursement purposes. A

the completion of your trip please include all receipts and documents pertaining to your trip.												
Comment Section												
	Concur Pre-Trip ID if you sement requests: enter t		ere the reimburse	ement should be s	ent.							
TRIP ESTIM	ATED EXPENSES											
* T&E card expense column below should only be used if T&E expenses are incurred.												
For more information on T&E card expenses please go to: https://impact23.ucr.edu/te-card												
CATEGORY	EXPENSE TYPE	Pre-Pay Requests	* T&E Card Exp's	Date	Date	D	ate	Date		Date	Date	Total Expenses
	Airfare  Baggage											
o c	Private Car Mileage	Complete mileage log on p. 2										
Transportation	Parking											
ğ	Rental Car											
usk	Gas (rental car only) Car Service / Shuttle											
밀	Taxi / Ride App											
	Tolls											
	Breakfast											
Meals	Lunch											
× ×	Dinner											
-	Incidentals All											
ging	Hotel Internet											
Lodging												
<u> </u>	Conference Fees											
Other	Business Expense											
0	H											
Traveler S	Signature:			Date:				T-4-1	4			
	sements: Attach all ag	andaa and/a	r conforces h		os of original						expense	5
receipts are other expens	required for hotel, airl ses over \$75.00. Rec dor name, city, amoun	fare, and car eipts are due	rental. Receip	ts are required to travel. For m	for all		D	o not include	be prepaid &E card exper ested to	ses on this li	Operations ne nbursed	
Entity	Fund	Activity	Account	Function	Program		Projec	:t	Flex 1	Fle	ex 2	Amount
If SRP Approval is required, verify COA prior to approving.												
. 4-6-1	, 22, 13,11		11									
								<b>.</b>		<u> </u>		
FAO/Budg	get Owner Name (Print)	Signa	ture	Date		SRP A	Approver (	Print)		Signatur	e	Date



If business travel occurs on a scheduled day off, mileage may be calculated from the traveler's residence to the destination. Otherwise, it should be calculated from the headquarters to the destination. For employees on temporary assignments away from campus, reimbursement will cover mileage between the campus or home and the assignment location, whichever is less.

## SCHOOL OF MEDICINE UNIVERSITY OF CALIFORNIA, RIVERSIDE

## **MILEAGE LOG**

lame of Traveler:							Car License Plate:					
		Only enter one month at a time on each mileage log					Must attach a MapQuest, Google Maps, etc. directions print out that shows each trip's total mileage to and from destinations. (Map images are not required)					
ate Range:	From:		То:				to	tal mileage to a	and from destinati	ons. (Map imag	es are not requir	ed)
ound mileag	e to the nea	arest mile, no	decimal	s								
Date		Miles			From				То		Busi	ness Purpose
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