

All information on form must be accurate to complete reservations

TRAVELER INFORMATION		For Federal purposes, enter information as it is stated on your Drivers License or Passport	
Legal Name: First	Middle	Last	
Preferred Name		Title	
Date of Birth	Biological Sex <i>as stated on DL:</i>	<input checked="" type="radio"/> Female	<input type="radio"/> Non-Binary
Email	Male/Female/Non-binary	Cell Phone:	
TSA # (if applicable)			
DHS Redress # (if applicable)		Airlines: (if applicable)	
Is traveler a UCR employee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Flyer / Member #	
Conference Name:		Conference Dates	

AIRFARE REQUEST	Check one: Prepayment is requested	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: Aisle Seat <input type="radio"/> or Window Seat <input type="radio"/> Front of Plane <input type="radio"/> or Back of Plane <input type="radio"/>		

CAR RENTAL REQUEST	No Prepayment, Reservation Only	Reimbursement will be requested
Car Type: Compact <input type="radio"/> Intermediate <input type="radio"/> Economical <input type="radio"/>		
Pick-up /Drop-off to correspond with flights: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(If No) Pick-up & Drop-off info: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Location, Date, Time Location, Date, Time </div>		

LODGING REQUEST	Check one: Prepayment is requested	Reimbursement will be requested
Hotel Information: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Hotel Address </div>		
Check-In Date:	Check-Out Date:	Room Type: 1 Bed Single - King <input type="radio"/>
Any Special Needs: _____		2 Bed Double - Queens <input type="radio"/>

REGISTRATION REQUEST	Please attach agendas, conference brochures, and/or completed registration form or invoice from organization
Prepayment <input type="radio"/>	Prepayment not needed <input type="radio"/> Conference registration link: _____ <small>(reimbursement will be requested)</small>

BUSINESS PURPOSE (REQUIRED FIELD) If any of the travel dates will be for personal use, list them in the comment box below

TRIP INFORMATION

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. At the completion of your trip please include all receipts and documents pertaining to your trip.

Comment Section

Please enter Concur Pre-Trip ID if you have one.
For all reimbursement requests: enter the address where the reimbursement should be sent.

TRIP ESTIMATED 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	Date	Date	Date	Date	Total Expenses
Transportation	<input type="checkbox"/> Airfare									
	<input type="checkbox"/> Baggage									
	<input type="checkbox"/> Private Car Mileage	Complete mileage log on p. 2								
	<input type="checkbox"/> Parking									
	<input type="checkbox"/> Rental Car									
	<input type="checkbox"/> Gas (rental car only)									
	<input type="checkbox"/> Car Service / Shuttle									
	<input type="checkbox"/> Taxi / Ride App									
	<input type="checkbox"/> Tolls									
	<input type="checkbox"/> _____									
Meals	<input type="checkbox"/> Breakfast									
	<input type="checkbox"/> Lunch									
	<input type="checkbox"/> Dinner									
	<input type="checkbox"/> Incidentals									
	<input type="checkbox"/> All									
Lodging	<input type="checkbox"/> Hotel									
	<input type="checkbox"/> Internet									
	<input type="checkbox"/> _____									
Other	<input type="checkbox"/> Conference Fees									
	<input type="checkbox"/> Business Expense									
	<input type="checkbox"/> _____									

Traveler Signature: _____

Date: _____

Total trip estimated expenses

For reimbursements: Attach all agendas and/or conference brochures. Copies of original receipts are required for hotel, airfare, and car rental. Receipts are required for all other expenses over \$75.00. Receipts are due within 7 days of travel. For meals under \$75.00, vendor name, city, amount, and date of transaction is required.

*Amount requested to be prepaid by Business Operations
Do not include T&E card expenses on this line*

Amount requested to be reimbursed

Entity	Fund	Activity	Account	Function	Program	Project	Flex 1	Flex 2	Amount

If SRP Approval is required, verify COA prior to approving.

FAO/Budget Owner Name (Print)

Signature

Date

SRP Approver (Print)

Signature

Date

PI Approver (Print)

Signature

Date

