Travel Request Form
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this form should be used for
pre and post travel requests

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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 *as stated on DL*:   ◯ Female   ◯ Non-Binary
                       Male/Female/Non-binary

Email   Cell Phone:

TSA # (if applicable)

DHS Redress # (if applicable)   Airlines: (if applicable)

Is traveler a UCR employee   Yes   No   *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 ◯   or   Window Seat ◯   Front of Plane ◯   or   Back of Plane ◯

CAR RENTAL REQUEST   No Prepayment, Reservation Only   Reimbursement will be requested

Car Type: Compact ◯   Intermediate ◯
            Economical ◯

Pick -up /Drop-off
to correspond with flights: Yes ◯   No ◯

(If No) Pick-up & Drop-off info: _____
         Location, Date, Time   *Location, Date, Time*

LODGING REQUEST   Check one: Prepayment is requested   Reimbursement will be requested

                       Name of Hotel   *Address*

Hotel Information:

Check-In Date: Check-Out Date: Room Type: 1 Bed Single - King ◯

Any Special Needs: _____   2 Bed Double - Queens ◯

REGISTRATION REQUEST   Please attach agendas, conference brochures, and/or completed registration form or invoice from organization

Prepayment ◯   Not Needed (reimbursement wil be requested) ◯   Conference registration link: _____

ADDITIONAL COMMENTS   If any of the travel dates will be for personal use, list them in the comment box below

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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	☐ Airfare									
	☐ Baggage									
	☐ Private Car Mileage	**Complete mileage log on p. 2**								
	☐ Parking									
	☐ Rental Car									
	☐ Gas (rental car only)									
	☐ Car Service / Shuttle									
	☐ Taxi / Ride App									
	☐ Tolls									
	☐ _____									
Meals	☐ Breakfast									
	☐ Lunch									
	☐ Dinner									
	☐ Incidentals									
	☐ All									
Lodging	☐ Hotel									
	☐ Internet									
	☐ _____									
	☐									
Other	☐ Conference Fees									
	☐ Business Expense									
	☐									
	☐ _____									

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

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MILEAGE LOG

Name of Traveler: _____

Car License Plate: _____

Date Range: From: _____   To: _____

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)

Round mileage to the nearest mile, no decimals

Date	Miles	From	To	Business Purpose

	X		cents/mile	=	