

Instructions for filling out EMN Travel Expense Report
and Declaration of Missing Evidence Form

- **Please read all instructions and fill out the top portion of Expense Report completely. Your report cannot be processed without all of this information.**
- The date at the top should be the date the form and receipts are returned. The Campus Host line is for visitors only.
- The FAU to be charged is for UCR affiliates.
- The expense form and all original receipts must be received by our office within 15 days of your trip end date per accounting policy.
- If the form and receipts cannot be returned within 15 days, a justification must be provided for accounting why they were not returned within 15 days (record at bottom of this page if necessary). Please do not comment “I forgot” or “I did not have time.”
- If any receipts are not itemized showing a description of items purchased and price, the date and method of payment- cash or credit, a Declaration of Missing Evidence Form must be filled out for each receipt that is not itemized. The form must be physically signed and dated. Accounting does not accept electronic signatures.
- If you have any questions you can contact the Travel Coordinator at 951-827-5903, or email EMNAdmin@ucr.edu and the Travel Coordinator will contact you.

Please submit the form and receipts either by mail or email to EMNAdmin@ucr.edu. Physical receipts over \$74.00 must be mailed to the Coordinator. If you received a receipt through email (such as airfare), please forward that to the Coordinator.

Mail the form and receipts to:
U.C. Riverside
EMN Administration – Travel Coordinator
900 University Ave., 2710 Life Science- Psychology
Riverside, CA 92521

Justification for turning in form/receipts after 15 days of trip end date:

UCR EMN ADMINISTRATION TRAVEL EXPENSE REPORT
Non-UCR Employee Travelers

Date Form Returned: _____

Name of Traveler: _____

Phone: _____ E-Mail: _____

Mailing Address: _____

Country of Citizenship (If not US, Please Specify Visa Type): _____

Dates of Trip: _____ -- _____ Departure Time: _____ Return Time: _____

Departure Location Address: _____

Destination Location Address: _____

Purpose of Trip: _____

(Specify Type of Research, Attend and/or Present at a Conference, Full Name of Conference, or Seminar Speaker)

Department/Program Affiliation: _____ Campus Host: _____

FAU, if Applicable: _____ PI Approval: _____

<u>Expense Estimation:</u>	COST
Rental Car -----	-\$ _____
Rental Car Gas -----	\$ _____
Personal Vehicle-License Plate # _____ # of Miles: _____ x 0.545 Per Mile ---	-\$ _____
Beginning Mileage: _____ Ending Mileage: _____	
Bus/Shuttle/Taxi/Uber/Lyft -----	-\$ _____
Parking -----	\$ _____
Airfare Prepaid by University <input type="checkbox"/> Personal Purchase <input type="checkbox"/>	\$ _____
Baggage -----	-\$ _____
Hotel Prepaid by University <input type="checkbox"/> Personal Purchase <input type="checkbox"/>	\$ _____
Meals -----	\$ _____
Registration Prepaid by University <input type="checkbox"/> Personal Purchase <input type="checkbox"/>	\$ _____
Miscellaneous Expenses -----	\$ _____
<u>TOTAL Estimated Expenses</u> ---	-\$ _____

PLEASE ATTACH ORIGINAL RECEIPTS