

UCR EMN ADMINISTRATION TRAVEL EXPENSE REPORT

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 City: _____

Destination City: _____

Purpose of Trip: _____

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

FAU to Be Charged: _____ PI's Approval: _____

Expense Estimation: PLEASE ATTACH ORIGINAL RECEIPTS COST

Rental Car ----- \$ _____

Rental Car Gas ----- \$ _____

Personal Vehicle-License Plate # _____ # of Miles: _____ x 0.5750 Per Mile --- \$ _____

Bus/Shuttle/Taxi/Uber/Lyft ----- \$ _____

Parking ----- \$ _____

Airfare Prepaid by University Personal Purchase \$ _____

Baggage ----- \$ _____

Hotel Prepaid by University Personal Purchase \$ _____

Registration Prepaid by University Personal Purchase \$ _____

	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Breakfast	\$	\$	\$	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL/Day	\$	\$	\$	\$	\$	\$	\$	\$

Foreign Meals Per Diem; # of Days per location ----- \$ _____

Miscellaneous Expenses: Explain ----- \$ _____

TOTAL Estimated Expenses \$ _____