

Travel Request Form: AS, SPACES, SSC, GSA or Student Organization

Prior to your trip, complete and submit the form to your advisor no later than 14 days in advance. Your advisor will provide you with a copy of your request form, so that the bottom portion can be completed and submitted **after** the trip has concluded.

TRAVELER/GROUP LEADER INFORMATION

Name: _____ Social Security #: _____ Age: _____
 Employed by the University?: Yes No U.S. Citizen?: Yes No If no, Visa type: _____
 Permanent Address: _____ Email: _____ Phone: _____

EVENT/TRIP/CONFERENCE INFORMATION

Funding Source: Associated Students Graduate Student Association SPACES Other: _____
 Type of Travel: Individual Group Travel: 3 or more (*Please complete page 2 indicating all travelers*)
 Event/Trip/Conference Name: _____ Destination (City, State): _____
 Purpose of Trip: _____
 Departure Date & Time: _____ Return Date & Time: _____

LOGISTICS

Item	Payment Method (Check One)				Est. Cost
	Reimbursement	TEP Card	SLBO	Other	
REGISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Conference Date(s): _____

LODGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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Hotel Name: _____ Hotel Location (City, State): _____
 Check-in Date: _____ # of Nights: _____

MEALS/PARKING/TAXIS/OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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Description: _____ Expected Date(s) Incurred: _____

TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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Private Automobile **Fleet Services** *** (Provide copy of insurance and driver's license & list all passengers on page 2)*
 Driver's Name: _____ Driver's License #: _____
 Car Insurance Name: _____ Policy #: _____
 Destination: _____ Miles from UCSD (*Attach copy of MapQuest*): _____

Airplane **Train** **Bus**
 Destination: _____ Departure City: _____
 Departure Date & Time: _____ Return Date & Time: _____

TRIP ALLOCATION: \$ **TOTAL ESTIMATED AMOUNT TO BE PAID/REIMBURSED: \$**

TRAVELER SIGNATURE AND ACKNOWLEDGEMENT

Above is a true statement of expected travel expenses incurred by me on official University business on the dates shown. I have attached original receipts/quotes for each expense as required by the University.

Traveler Signature: _____ Date: _____
 Funding Approval Signature: _____ Index # (if known): _____

REIMBURSEMENTS: Complete no later than 14 days after the trip

The following section must be completed AFTER the trip, if you are requesting to be reimbursed. Please submit the updated form to your advisor no later than 14 days after the trip. For each expense below, indicate the amount you are requesting to be reimbursed. Reimbursement requests must be submitted with ORIGINAL RECEIPTS TAPED to 8.5" x 11" sheet of white paper.

Registration: \$ _____ Lodging: \$ _____ Meals/Other: \$ _____ Transportation: \$ _____ Total: \$ _____
 Advisor (Reimbursement Approval) Signature: _____ Date: _____

