

Please submit this form
and receipts within 30
days after your travel.

Travel Reimbursement Request Form

School of Social Sciences, Humanities and Arts

Please submit this completed form and all original itemized receipts to ssha.reimbursements@ucmerced.edu or to the Drop Box in the SSHA Mailrooms (COB-2 399A and SSM 238).

Request Date: _____ Requester Name: _____

Physical Address (for mileage): _____

Purpose: Please provide a **detailed** purpose for this travel (who, what, when, where & why):

Travel Start Date: _____ Travel End Date: _____

Starting Location: _____ Destination: _____

- Please note if any of these expenses were paid using your T&E Card (these expenses will be reimbursed directly to your T&E Card).

| Expense Description (<i>please print</i>) | Date | Amount |
|---|---------------|--------|
| Mileage to Airport (<i>Rate: 53.5 cents per mile</i>) | | |
| Airfare | | |
| Hotel | | |
| Conference Registration Fee | | |
| Car Rental | | |
| Taxi | | |
| Meals | | |
| Airport Parking | | |
| Mileage to Address (<i>Rate: 53.5 cents per mile</i>) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <i>If you have additional expenses, please use the next page.</i> | Total: | |

Account to be Charged:

☐ Incidentals ☐ Start-up

☐ Grant/Gift/Other - Details: _____

Final Check:

☐ Did you attach the meeting agenda and flyer?

☐ Did you provide all of the original itemized receipts (including airfare)?

☐ Did you complete/fill-out all sections of this form?

Requester Signature: _____

| SSHA Office to Complete: | | | | | | |
|--------------------------|----|------|--------|-----|---------|--------|
| ACCOUNT | CC | FUND | OBJECT | SUB | PROJECT | SOURCE |
| | | | | | | |

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