

University of California, Merced
Sierra Nevada Research Institute
Travel Reimbursement Form

Traveler's name: _____ E-mail Address: _____

Mailing Address: _____

Justification: _____

Departure			Arrival		
Location	Date	Time	Location	Date	Time

Receipts Required?	Expense Type	Amount
Yes	Airfare (if paid with personal funds)	
Yes	Other Long Distance Transportation: Bus/Trains	
No	Mileage (if personal vehicle) _____ miles *	
Yes	Rental car	
Yes	Fuel (Rental Car Only)	
Yes	Lodging (If not at Tenaya Lodge: hotel folio w/ zero ending balance required)	
Yes	Other (Please List):	
	Total	

By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are a true and accurate accounting of the necessary business---related expenses incurred for this business trip; and there are no items listed as reimbursable which relate to personal or unallowable expenses. I have not, and will not, be receiving reimbursement from any other source for these expenditures nor have any of these expenses already been paid by another entity.

Traveler's signature: _____ Date: _____

*Calculated at \$0.56 per mile. Mileage to/from home airport will not be reimbursed.

Please mail this form and original receipts to:

UC Merced
Attn: SNRI All Hands SE1 208
5200 N Lake Rd
Merced, CA 95343