

Reimbursement Request Form

Please email the completed form along with all original itemized receipts to Stephanie Hagstrom at sthagstrom@ucsd.edu within 30 days since the conclusion of your travel. Individuals residing within the United States will receive a paper check at the address provided below. If residence is outside the US and you would like to receive reimbursement via wire transfer instead, please fill out the wire transfer details section.

General Information

Full Name: _____ Email: _____

Mailing Address: _____

Event/Project Name: _____ Today's Date: _____

International Wire Transfer Details

PAYEE INFORMATION

Payee/Account Name: _____ CPF Number (Brazil only): _____

Account Number: _____ Currency Code (e.g., GBP, EUR): _____

IBAN, CLABE or country specific account structure: _____

BANK INFORMATION

Bank Name: _____ Agency Code (Brazil only): _____

SWIFT/BIC or National ID: _____ Sort Code/Other (please specify): _____

Bank Address: _____

Expenses

Please convert all expenses to US Dollars (USD) or specify in which currency expenses are listed.

AIRFARE: Economy class fares only. Receipt should reflect class and method of payment.	Total Airfare: \$ _____
MILEAGE: Mileage on your personal vehicle will be reimbursed if you provide the total mileage and a map to and from the event location or airport (\$0.54 per mile).	Total Mileage: _____
GROUND TRANSPORTATION: Rental car, shuttle, taxi, bus, train, and parking fees.	Total Ground: \$ _____
MEALS: Please provide itemized receipts.	Total Meals: \$ _____
HOTEL: Single room rate and taxes only.	Total Hotel: \$ _____
OTHER EXPENSES: Other expenses may include visa application costs, internet access fees, etc.	Total Other: \$ _____
TOTAL AMOUNT REQUESTED:	\$ _____

Certification

By signing this document, I declare the foregoing information is true and accurate.

Signature of individual requesting reimbursement: _____

Date: _____

For office use only:

Approved Check No. _____ Wire No. _____ Date sent: _____