Department of History Travel Reimbursement Instructions

How do I get reimbursed?

- Complete and submit Travel Reimbursement Request form to Luke Garton (lgarton@ucsd.edu).
  - To ensure timely processing of your reimbursement, please complete the form with as much detail as possible.
  - Since you will be submitting the reimbursement request prior to your travels, please estimate expenses as best you can. The amounts will be updated once the trip has been completed and receipts have been submitted.
- When the trip has been completed, turn receipts (originals or copies) in to Luke Garton (via email or in person).
- Upon approval from the Graduate Committee, your reimbursement will be processed via UCSDs MyTravel system.
  - You will not receive your reimbursement until the trip has been completed.

What documentation is required for reimbursement?

- Completed Travel Reimbursement Request form.
- Original receipts or copies are required for all expenses you are requesting reimbursement for.
- Itemized receipts showing proof of payment (name and credit card) are required for airfare and lodging expenses.

Things to remember:

- Reimbursements are not guaranteed – reimbursements depend on the department’s funds at the time.
- Reimbursements through the UCSD travel system can take up to 10 business days to be processed either via direct deposit or paper check.
- Payroll and travel are processed separately. This means that if you are enrolled in direct deposit for employment checks, you are not automatically enrolled in direct deposit for travel reimbursements. To find out if you are enrolled in direct deposit for travel, email Luke Garton.
- If you split the cost of your hotel with someone else, please disclose that information. We can only reimburse your portion of the expense.
Department of History Travel Reimbursement Request

TRAVELER INFORMATION

Name:________________________________________ Email:________________________________________

Address to mail check to (if no direct deposit):____________________________________________________

Name of Faculty Adviser: ___________________________ Major Field: ___________________________ Admitted Fall of: ___________________________

TRIP INFORMATION

Destination (City, State): __________________________________________ Purpose of Trip (circle one): Research Conference

For research, give title of project. For conference, give name of conference: __________________________________________________________

Departure Date & Time: ___________________________ Return Date & Time: ___________________________

If you attended a conference, did you pay a registration fee? Yes No If yes, how much did you pay? $__________________________________

LODGING (include lodging total at bottom of form)

Hotel Name: __________________________________________ Hotel Location (City, State): ________________

Check-in Date: ___________________________ Check out Date: ___________________________ # of Nights: ________________

Hotel Name: __________________________________________ Hotel Location (City, State): ________________

Check-in Date: ___________________________ Check out Date: ___________________________ # of Nights: ________________

Hotel Name: __________________________________________ Hotel Location (City, State): ________________

Check-in Date: ___________________________ Check out Date: ___________________________ # of Nights: ________________

TRANSPORTATION (Please check all that apply)

☐ Personal Vehicle Total Miles (Attach Google Maps): ___________________________

☐ Rental Car Total cost of rental: $______________

☐ Uber/Lyft/Taxi Total of all trips (in dollars): $______________

☐ Airplane

Destination: ___________________________ Total: $______________

Departure Date & Time: ___________________________ Return Date &Time: ___________________________

☐ Train

Destination: ___________________________ Total: $______________

Departure Date & Time: ___________________________ Return Date &Time: ___________________________

☐ Other (Please specify): ___________________________ Total: $______________

Destination: ___________________________ Departure Date & Time: ___________________________ Return Date &Time: ___________________________

REIMBURSEMENT TOTALS

For each expense category below, indicate the total amount you are requesting to be reimbursed. Please attach original receipts or copies of receipts for all expenses you are requesting reimbursement for to this form.

Registration: ___________________________ Lodging: ___________________________ Transportation: ___________________________

Other (please specify & attach receipt): ___________________________ Total: ___________________________

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: ___________________________

Faculty Signature: __________________________________________ Date: ___________________________