Department of History Travel Reimbursement Instructions

How do I get reimbursed?

- Complete and submit Travel Reimbursement Request form to Megan Ensminger (mensminger@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 Megan Ensminger (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 Megan Ensminger.
- 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): ___________________________
  Destination: ___________________________ Total: $ ___________________________
  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: ___________________________
Disbursements Direct Deposit Authorization Form (ACH)

If you are a UCSD employee enrolled in Payroll Direct Deposit, you do not need to complete this form.

The University of California San Diego's (UCSD) method of issuing payment is to process a direct deposit to the payee's bank account via the Automated Clearing House (ACH) system. A confirmation document will be sent to you via email with the necessary information to identify the deposit. After payment has been issued to the designated financial institution, availability of funds is subject to the financial institution's policies. For additional information visit http://blink.ucsd.edu/buy-pay/payment-methods/direct-deposit/

Please Check One:  ____ New  ____ Change  ____ Discontinue Direct Deposit

Payee/Supplier Name: ___________________________________________________________
                        (Last Name, First Name, MI)

Payee/Supplier Remit to Address: Must be United States physical address. Suppliers: please complete one ACH form per remit to address:
___________________________________________________________________________

___________________________________________________________________________

Direct Deposit Confirmation Email Address: __________________________________________

Please complete one of the following options:

UCSD Employee ID: ________________ Last Four Digits of SSN: ________________ Full FEIN: ________________
(Required for employees) (Individual/Sole Proprietorship) (Company)
___________________________________________________________________________

United States Financial Institution Information (Required):

Bank Name: _________________________________________________________________

Routing Number: ________________ Account Number: ________________

I hereby authorize University of California, San Diego (UCSD) to initiate credit entries to my

(Select one)  ____ Checking  ____ Savings  account at the depository named above

This authority is to remain in full force and in effect until UCSD has received written notification from me of its termination in such time and in such manner as to afford UCSD and DEPOSITORY a reasonable opportunity to act on it. In the event that UCSD deposits funds erroneously into my account, I authorize UCSD to debit my account for an amount not to exceed the original amount of the erroneous credit.

Print/Type Name: ___________________________________________________________

Signature: __________________________________________ Date: ______________________

Work Phone: _____________________________________________________________

Please return the completed form to UCSD Disbursements, using one of the following options:

1. ASK (Category: Adding/Updating Suppliers or Payees; Sub-Category: Direct Deposit/ACH for Payees or Suppliers). If you do not have Single Sign-On access, email the form to directdp@ucsd.edu. Enter "ACH Form Attached" in the subject line.

2. Fax to Direct Deposit Request at: (858) 534-4621
For questions regarding the status of a direct deposit, or for help with making changes to your deposit account information, please submit inquiries to ASK. If you do not have Single Sign-On access, please contact us by email at directdp@ucsd.edu.