REIMBURSEMENT FORM FOR THE
UNIVERSITY OF CALIFORNIA AT RIVERSIDE
DEPARTMENT OF MATHEMATICS

THE FOLLOWING INFORMATION MUST BE PROVIDED WITHIN 21 DAYS IN ORDER TO RECEIVE REIMBURSEMENT FOR TRAVEL EXPENSES

PLEASE PRINT or TYPE (All fields must be completed)

Email Address:_____

Name:_____   FAX: _____

Organization/Company:_____

Complete Home Address:_____

Business Phone:_____   Home Phone:_____

Social Security Number:_____

U.C. Employee: Yes____   No_____   Visa Type_____

U.S. Citizen: Yes____   No_____   Country of Citizenship_____

Date of Colloquium/Seminar and Title:_____

Vehicle License Plate Number:_____   Mileage (if applicable):_____ miles

        Vehicle Liability Insurance: Yes_____   No_____

        Date & Time Left Home:_____   Date & Time Returned Home:_____

Air Fare (*original receipt required*): $_____

                From:_____   To:_____

Hotel (*original receipt required*): $_____

Parking (*original receipt required*): $_____

Rental Car (*original receipt required*): $_____

Other Expenses (please describe): $_____   _____

                    $_____   _____

Meals & Incidentals - (<u>$64 maximum allowed per day</u>. Recommended guidelines: $10.00 for breakfast; $17.00 for lunch; $25.00 for dinner; $12.00 for incidentals)

Date:	Meal:	Cost:
Date:_____	Meal:_____	Cost:_____
Date:_____	Meal:_____	Cost:_____
Date:_____	Meal:_____	Cost:_____
Date:_____	Meal:_____	Cost:_____
Date:_____	Meal:_____	Cost:_____
Date:_____	Meal:_____	Cost:_____

*NOTE: **Travel**:   **Non-Citizens** must hold either the B-1, F-1, J-1 or WB visa for reimbursement.

        Honorarium payments to Non-U.S. Citizens: Must have a Social Security Number or Individual Tax Identification Number (ITNN) and hold a F-1, or J-1 visa. Must complete the following forms.

            1.   8233
            2.   Certification of Foreign Status for Federal Tax Withholding
            3.   Certification of Academic Activity