



Travel Advance Request (For UC employees and grad students only)

Name: _____ Project(s) to charge: _____

E-Mail: _____

Choose one: Direct Deposit Mail Check

Address: _____

An address is required even if you choose direct deposit. A check will be mailed in the event direct deposit is not available.

Destination: _____ Dates of trip: _____ to _____

Note: If dates of travel are over 30 days, please contact your Grants Manager to discuss long-term travel requirements.

Purpose of trip: _____

Anticipated Expenses

Airfare: \$ _____ Lodging: \$ _____ Taxi: \$ _____

Rental Car: \$ _____ Parking: \$ _____ Gas: \$ _____

Shuttle / Airbus: .. \$ _____ Registration: \$ _____ Other: \$ _____

If other, please explain: _____

Mileage (personal car only): _____ x \$0.535/ mile = \$ _____
(No. of miles) (mileage rate subject to change)

Food : \$ _____ (Up to \$74/day for domestic travel, please contact your Grants Manager for foreign rates)

NEEDED BY*: **TOTAL AMOUNT REQUESTED: \$** _____

(Allow at least **FIVE (5)** working days for processing)

(If unknown, leave blank and ISBER will calculate)

ONLY ONE TRAVEL ADVANCE MAY BE ISSUED PER TRIP.

***Be sure to save **ALL** of your receipts! Appropriate receipts and a travel worksheet are required at the end of your trip to clear out **this travel advance**.

ADVANCES CANNOT BE ISSUED MORE THAN 30 DAYS PRIOR TO THE BEGINNING OF YOUR TRIP.

I understand that I must submit the appropriate receipts to clear this travel advance no longer than 10 days after this trip is completed. Failure to do so could lead to no further travel advances being issued to me. If the trip dates for this advance change I will let ISBER know as soon as possible.

SIGNATURE: _____



I have signed up for Travel Accident Insurance.

*Mandatory if traveling outside of California.

<http://www.ucop.edu/riskmgmt/uctrips/>