Department of History Travel Reimbursement Instructions

How do I get reimbursed?

- Complete and submit Travel Reimbursement Request form to history-fiscal-g@ucsd.edu.
  - o To ensure timely processing of your reimbursement, please complete the form with as much detail as possible.
  - o **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 history-fiscal-g@ucsd.edu.
- Upon approval from the Graduate Committee, your reimbursement will be processed via the department system.
  - o 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 history-fiscal-g@ucsd.edu.
- 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: _____