

VENDOR ID: _____

VENDOR ID REQUEST DATE: _____



TRAVEL ADVANCE REQUEST

(For UC employees and graduate students only)

Date submitted: _____ Account name: _____

E-mail Address: _____

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: _____

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 \$0.58/ mile = \$ _____
(No. of miles) (mileage rate subject to change)

Food: _____ (Up to \$62/day for domestic travel. For foreign per diem rates, please click [HERE](#).)

TOTAL AMOUNT REQUESTED: \$ _____
(If unknown, leave blank and IHC 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 IHC know as soon as possible.

I have signed up for Travel Accident Insurance.
*Mandatory if traveling outside of California.
<http://www.ucop.edu/riskmgmt/uctrips>

Traveler's Signature

Date

For IHC use | Project Code: _____ Account-Fund: _____