

GRADUATE STUDENT TRAVEL EXPENSE VOUCHER FORM

NAME: _____ EMAIL _____

After the department has processed your reimbursement request, you will receive an email at the address you provided above. The email will be sent from mytravel-admin-l@ucsd.edu, and will have the subject line "MyTravel Certification Request". Your payment will not be processed until you respond to this email.

SOCIAL SECURITY NUMBER: _____

US CITIZEN Yes No VISA STATUS (REQUIRED) _____
(Passport and visa copies required for international students. Academic Certification forms required for B1/B2, WB/WT visas)

MAILING ADDRESS

DESTINATION: _____

PURPOSE OF TRAVEL: _____

DATE TRAVEL STARTED: _____ Departure Time: _____

DATE TRAVEL ENDED: _____ Return Time: _____

Type of Travel Expense	# of Days	Daily Amount (Includes tax)	Total Amount of expense
Travel			
Airfare			
Train			
Other (Specify)			
Lodging			
Hotel			
Other (Specify)			
Conference Registration			
Meals / Incidentals			

TO BE FILLED OUT BY DEPARTMENT	Trip Event #
Traveler \$ _____	
Graduate Vice-Chair Approval _____	
Funding Source _____	
Source Name	Index
Fund	Account