

SAGP CONFERENCE TRAVEL EXPENSE FORM

Please fill out form and send with original receipts to:
 Natalie Powell, Dept. of Mathematics - UCSD
 9500 Gilman Dr., La Jolla, CA 92093-0112

NAME: _____

U.S. Citizen Y N VISA TYPE _____ (need copy)
B2 visas and WT's visa waivers must fill out UCSD Academic Certification form

MAILING ADDRESS: _____ HOME ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ (REQUIRED FOR ALL)

DESTINATION: _____ UCSD, La Jolla CA _____

PURPOSE OF TRIP: _____ To attend SAGP Conference at UCSD _____

DATES OF TRIP: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

FUNDING SOURCE: DO NOT FILL IN MTH 65
 Source Name Index Fund Account

Original receipts needed for lodging, airfare, other transportation and meal costs
Airfare and lodging receipts must be itemized and show form of payment

Type of Expense	# of days	Daily Amount	Sub-total Amount	Conference assistance	Total Amount
LODGING				\$150 + tax/day	
AIRFARE					
PERSONAL CAR Mileage: (Rate/mile = \$0.365) License Plate#					
OTHER transportation					
AUTO RENTAL					
TAXI/PARKING				\$35/day taxi	
REGISTRATION	NA	NA	NA	Non refundable	NA
MEALS				\$50/day	

**Unallowable expenses; Late charges, phone, entertainment, insurance and alcohol and Visa/Passport charges*

UC EMPLOYEES : _____ CAMPUS /Department : _____

TOTAL REIMBURSEMENT:

TRAVELER \$ _____ TO UC \$ _____

PI APPROVAL _____ DEPT. AUTHORIZATION _____