UCSB Employee Other UC Employee ence Institute Guest Traveler **Request for Travel Advance** Last Name First Name Middle Name (list your name exactly as it appears on your ID or Passport) Email Phone Number Department MAILING ADDRESS Address (number, street, and apt. or suite no) City, State, and ZIP Code 3. Duration (dates of trip) 1. Project to Charge* 2. Destination 4. Purpose of Trip/Justification ESTIMATED COST 5. Transportation 6. Lodging 7. Registration Fee 8. Other 5. Total I am requesting a travel advance to be processed and disbursed to me. I understand that this advance is non-transferable. If the trip is cancelled for any reason, I am responsible for returning the funds. I understand that I must account for the total amount of all expenses and advances by providing itemized receipts and submitting a travel expense report within 21 days of completion of the trip.

•	expenses entered on the travel expense	 If the advance exceeds the reimbursable	 The traveler must submit a travel
	report, the traveler will be paid the	expenses, the traveler must write a check	expense report even if he or she is not
	difference.	payable to UC Regents for the excess.	owed any additional reimbursement.

I have signed up for TRAVEL ACCIDENT INSURANCE. Mandatory if traveling outside of California. **Registering UC Travel Insurance**

Requests for advance must be submitted at least 15 business days BEFORE travel commences. For travel scheduled more than 30 days in advance, receipts for travel- related expenses must be provided.

Traveler's Signature Principal Investigator's Signature Date

Date