Travel Reimbursement Form

| Student | Center |
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Please note:

- Submit original receipts along with this form and a copy of materials from the conference (e.g., brochure or conference schedule) to Frances Harvey at Medical Student Center, room S245.. Proof of payment must be included receipts must include method of payment, name of payee and last four digits of credit card number OR a cc/bank statement showing name, last 4 digits of card/account number and name of payee.
- You will not be reimbursed for alcohol or personal incidental expenses (e.g., phone calls).
- Rental cars must be justified and additional insurance is not reimbursable.
- UCSF's Accounting Office will not accept receipts that combine hotel and airfare costs (such as those from Travelocity, Priceline, etc.)
- Follow-up required:
 - Write a brief summary or commentary for the next issue of Synapse, or other School of Medicine publication/website
 - Organize an informational session and publicize it to all classes
 - Conduct a leadership activity for a campus student organization
 - Plan an elective or a portion of an existing elective
 - Write a brief summary in the Student Trip Log in the International Programs' website (for Global Health conferences)

| Student Information | | | | | | | | |
|---------------------|--------|--------|---------|-----------|-----------------|---------------|--|--|
| First Name | | | ſ | M.I. | Last Name | | | |
| Email | | | | | Phone Numb | per | | |
| Name of Conference | | | | | Confer | rence Date(s) | | |
| Conference Website | | | | | | <u> </u> | | |
| Did you present? | | | | | | | | |
| Travel Expenses | | | | | | | | |
| | Sunday | Monday | Tuesday | Wednesday | Thursday Friday | Saturday | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Dinner | | | | | | | | |
| Lodging | | | | | | | | |
| Shuttle/Taxi | | | | | | | | |
| Airfare | | | | | | | | |
| Parking | | | | | | | | |
| Mileage | | | | | | | | |
| Registration | | | | | | | | |
| Daily Total | | | | | | Total | | |