

Travel Authorizaton Approval Form



EMAIL	Ensu	ıre Payee is Re	eady for Pay	ymen	nt click here			KFS Doc Nbr leave blank Business Office Use Only Kyoko	Mike Eric
UCI Employee							Non-UCI Employee		
Payee Name: Peter Anteater								Payee Name: Peter Anteater	
E-mail: panteater@uci.edu								Student ID # (if applicable): 9876543210	
Vendor Payee								Address: Type your full address even if you live in campus hous	ing
Payee Name: Leave area this blank								Your city State: CA Zip Code: you	r zipcode
KFS Vendor ID#:								E-mail: panteater@uci.edu Phone: 999-888-7777	
							Fun	ding	
KFS Account Number		t Amount (\$)		Project Code (optional)		ORG Ref ID (optional)		PI Name or Account Approver Certificaiton	
FG21455		include total \$ from below here		STI	DNT/PEER	Identify your UCI Course		CalTeach Director needs to sign here	
						T	rip Info	ormation	
Trip Type		Trip Begin Date	I I I I I I I I I I I I I I I I I I I		te Primary Destination		State	Business Purpose	
n-State		9/24/22	6/24/23	3	your school s	site address	CA	To conduct student teacher classroom observation for CalTeach Program	
Select								Select	
Select								Select	
Select								Select	
						A	Actual E	xpenses	
Expense Date		Upload receipts to the paperclip icon on the pdf form						Company Name	pense nount
9/24/22	2 7	Taxi/Car Service ▼					▼	Lyft	\$ 13.65
9/24/22	2 7						▼	Uber	\$ 14.05
9/26/22	2 7	Taxi/Car Service					▼	Uber	\$ 13.95
9/26/22							Lyft	\$ 13.87	
		Taxi/Car Service ▼							•
							<u> </u>		- <u> </u>
	· · · · · · · · · · · · · · · · · · ·						<u> </u>	It is OK to use a 2nd form if you have more dates & receipts	
	-	· · · · · · · · · · · · · · · · · · ·						Be sure to not go over the maximum reimburseable amount for your current course	

Actual Expenses (continued)									
Expense Date	Upload receipts to the paperclip icon on the pdf form	Company Name	Expense Amount						
	(Continue to add dates until you reach your maximun reimburseable								
	amount depending upon which UCI course you are in)								
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	Select	Please contact the CalTeach Resource Office if you have any questions							
	Select	Check to make sure you did not go over the maximum amount permitted for your UCI course							
	Select	You may need to reduce the amount requested to meet maximum limits - Do this by deleting some dates							
	Select	Include the amount to be reimbursed at the top in the "Amount \$" field							

Getting Started, please click here to Ensure Payee is Ready to Receive a Payment on KFS

Getting Reimbursed for Travel Expenses Required Supporting Docs/Receipts

Additional Forms

- Mileage Reim Form
- Business Mtg Reim Form

Other Resources

- Continental US Per Diem Calculator
- International Per Diem Calculator
- ENT Policy-79
- Travel Policy G-28

TOTAL (U.S. DOLLARS) \$55.52

REIMBURSE PAYEE

PAY UCI CORPORATE VISA