

Travel Authorizaton Approval Form



Ensure Payee is Ready for Payment [click here](#)

KFS Doc Nbr leave blank  
Business Office Use Only

Lynn  Mike  
 Kyoko  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 housing	
Payee Name: <u>Leave area this blank</u>		Your city _____ State: CA Zip Code: your zipcode	
KFS Vendor ID#:		E-mail: panteater@uci.edu Phone: 999-888-7777	

Funding				
KFS Account Number	Amount (\$)	Project Code (optional)	ORG Ref ID (optional)	PI Name or Account Approver Certificaiton
FG21455	<small>include total \$ from below here</small>	STDNT/PEER	<small>Identify your UCI Course</small>	CalTeach Director needs to sign here

Trip Information					
Trip Type	Trip Begin Date	Trip End Date	Primary Destination	State	Business Purpose
In-State <input type="checkbox"/>	9/24/22	6/24/23	your school site address	CA	To conduct student teacher classroom observation for CalTeach Program <input type="checkbox"/>
Select					Select
Select					Select
Select					Select

Actual Expenses			
Expense Date	Upload receipts to the paperclip icon on the pdf form	Company Name	Expense Amount
9/24/22	Taxi/Car Service	<input type="checkbox"/> Lyft	\$ 13.65
9/24/22	Taxi/Car Service	<input type="checkbox"/> Uber	\$ 14.05
9/26/22	Taxi/Car Service	<input type="checkbox"/> Uber	\$ 13.95
9/26/22	Taxi/Car Service	<input type="checkbox"/> Lyft	\$ 13.87
	Taxi/Car Service	<input type="checkbox"/>	
	Taxi/Car Service	<input type="checkbox"/>	
	Taxi/Car Service	<input type="checkbox"/> It is OK to use a 2nd form if you have more dates & receipts	
	Select (Keep adding dates to & from your fieldwork school site)	<input type="checkbox"/> Be sure to not go over the maximum reimburseable amount for your current course	

