Instructions for filling out BNN Travel Expense Report and Declaration of Missing Evidence Form

- Please read all instructions and fill out the top portion of Expense Report completely. Your report cannot be processed without all of this information.

- The date at the top should be the date the form and receipts are returned. The Campus Host line is for visitors only.

- The FAU to be charged is for UCR affiliates.

- The expense form and all original receipts must be received by our office within 15 days of your trip end date per accounting policy.

- If the form and receipts cannot be returned within 15 days, a justification must be provided for accounting why they were not returned within 15 days (record at bottom of this page if necessary). Please do not comment “I forgot” or “I did not have time.”

- If any receipts are not itemized showing a description of items purchased and price, the date and method of payment- cash or credit, a Declaration of Missing Evidence Form must be filled out for each receipt that is not itemized. The form must be physically signed and dated. Accounting does not accept electronic signatures.

- If you have any questions you can contact the Travel Coordinator at 951-827-5903, or email bnnadmin@ucr.edu and the Travel Coordinator will contact you.

Please submit the form and receipts either by mail or email to bnnadmin@ucr.edu. Physical receipts over $74.00 must be mailed to the Coordinator. If you received a receipt through email (such as airfare), please forward that to the Coordinator.

Mail the form and receipts to:
U.C. Riverside
BNN Administration – Travel Coordinator
900 University Ave., 2710 Life Science- Psychology
Riverside, CA 92521

Justification for turning in form/receipts after 15 days of trip end date:
UCR BNN ADMINISTRATION TRAVEL EXPENSE REPORT
Non-UCR Employee Travelers

Date Form Returned: __________________

Name of Traveler: ____________________________________________________________________________________

Phone: ____________________________  E-Mail: ____________________________

Mailing Address: ____________________________________________________________________________________

Country of Citizenship (If not US, Please Specify Visa Type): ______________________________________________

Dates of Trip: ___________ -- ___________  Departure Time: ___________  Return Time: ___________

Departure Location Address: __________________________________________________________________________

Destination Location Address: ________________________________________________________________________

Purpose of Trip: ____________________________________________________________________________________

(Specify Type of Research, Attend and/or Present at a Conference, Full Name of Conference, or Seminar Speaker)

Department/Program Affiliation: __________________________________________  Campus Host: ______________

FAU, if Applicable: __________________________  PI Approval: __________________

Expense Estimation:  

<table>
<thead>
<tr>
<th>Expense</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Car</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Rental Car Gas</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Personal Vehicle - License Plate #</td>
<td># of Miles: _______________ x 0.535 Per Mile</td>
</tr>
<tr>
<td>Beginning Mileage: ___________  Ending Mileage: ____________________________________________</td>
<td></td>
</tr>
<tr>
<td>Bus/Shuttle/Taxi/Uber/Lyft</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Parking</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Airfare</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Prepaid by University ☐</td>
<td>Personal Purchase ☐</td>
</tr>
<tr>
<td>Baggage</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Hotel</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Prepaid by University ☐</td>
<td>Personal Purchase ☐</td>
</tr>
<tr>
<td>Meals</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Registration</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Prepaid by University ☐</td>
<td>Personal Purchase ☐</td>
</tr>
<tr>
<td>Miscellaneous Expenses</td>
<td>$ _______________</td>
</tr>
</tbody>
</table>

TOTAL Estimated Expenses - - - $ _______________

PLEASE ATTACH ORIGINAL RECEIPTS