



Beckman Laser Travel Pre-Authorization Form

Traveler's Name (as it appears on credit card)

UCI Employee ID Number

Date

Address

Are you registered for Direct Deposit?

City

State ZipCode

**** If Employee ID Number is provided, address field is not required ****

Contact Telephone

United States Citizen?

Contact Email

YES NO

Country if travel originates outside of USA

Purpose of Trip

Trip Destination

Estimated Cost of Trip ****** (****** required field)

Depart Date

Return Date

Fly America Act (Federal Travel Regulation) requires U.S. carriers/airlines for all travel that is to be reimbursed from federal grants and contracts.

Travel with Personal Vehicle (Liability insurance required and map evidence of mileage required for reimbursement)

License Plate <input type="text"/>	Issuing State <input type="text"/>	Auto Insurance? <input type="radio"/> YES <input type="radio"/> NO	One-Way Mileage <input type="text"/> miles
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PLEASE NOTE: Original receipts are required for reimbursement. Also, if you are attending a conference, please provide registration form, name badge and copy of program/brochure.

**** PI signature and fields in RED are required ****

		Account	-	Fund	-	Object
		<input type="text"/>		<input type="text"/>		<input type="text"/>
		KFS Account #				
Principal Investigator Signature		Date				

		Traveler requesting reimbursement is paid from Account & Fund shown above	
		(please check box below to confirm)	
Acct/Fund Administrator Signature		<input type="checkbox"/> YES	
		Date	