

**Instructions:** To be completed by the faculty member requesting reimbursement only. **All requests for reimbursement of travel expenses must be submitted within fifteen (15) days of completing travel.** Please provide requested information below in appropriate detail. Please include the approved Travel Authorization Request applicable to the expenses detailed below. For reimbursement of mileage only, please complete form MS-306: Request for Mileage Reimbursement.

**Requested by:****Approved Travel Dates****E-mail:****Start:****Department:****End:****Specify:**☐ Olive View Faculty☐ Fellow☐ Resident**Destination:****City/State:****Travel Expenses Incurred**

For all claimed expenses, please provide original receipts. Photocopies and scanned duplicates are insufficient.

**Registration Fees:**

Conference or event registration fees

**Transportation (Air):**

Airfare

**Transportation (Ground):**

Taxi, rental car, or shuttle(s)

**Accommodations:**

Hotel or similar lodging

**Meals & Entertainment:**

Maximum daily reimbursement is \$71. Entertainment expenses must comply with BUS-79.

**Miscellaneous Expenses:**

Miscellaneous or incidental expenses

**Mileage Incurred:**

Personal vehicle mileage incurred. Reimbursement per IRS guidelines.

Please print, sign, and date this request form, and submit the completed form with all required documentation and receipts within fifteen (15) days of completing travel to **Medical Administration, 2C-138**.

**Signature:****Date:****UCLA Use Only****Disposition:**☐ Approved☐ Denied☐ Incomplete/Insufficient**Not to Exceed:****Authorized by:****Date:**