

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:	<input type="text"/>		Approved Travel Dates	
E-mail:	<input type="text"/>		Start:	<input type="text"/>
Department:	<input type="text"/>		End:	<input type="text"/>
Specify:	<input type="radio"/> Olive View Faculty	<input type="radio"/> Fellow	<input type="radio"/> Resident	
Destination:	<input type="text"/>		City/State:	<input type="text"/>

Travel Expenses Incurred

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

Registration Fees:	<input type="text"/>	Conference or event registration fees
Transportation (Air):	<input type="text"/>	Airfare
Transportation (Ground):	<input type="text"/>	Taxi, rental car, or shuttle(s)
Accommodations:	<input type="text"/>	Hotel or similar lodging
Meals & Entertainment:	<input type="text"/>	Maximum daily reimbursement is \$71. Entertainment expenses must comply with BUS-79.
Miscellaneous Expenses:	<input type="text"/>	Miscellaneous or incidental expenses
Mileage Incurred:	<input type="text"/>	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:	<input type="radio"/> Approved	<input type="radio"/> Denied	<input type="radio"/> Incomplete/Insufficient
Authorized by:	<input type="text"/>		Not to Exceed: _____
Date:	<input type="text"/>		