UCLA Department of Medicine

For UC travel and expenditures guidelines, please see UC Policy https://www.travel.ucla.edu/policy-resources/meals-lodging-expenses

Travel Reimbursement Form

Submit your reimbursement and supporting documents (receipts, agenda, quest lists) to the Business Office within 30 days, of travel/event completion

					iment	s (receipts, agen	da, guest lists,	to the B	lusiness	Office	within <u>30 da</u>	<u>ys</u> of travel/o	event co	npletion.	
Traveler/Employee Information				Business Office Use Only											
SUBMISSION DATE:							Dept Code								
PAYABLE TO:									1		1	I	i.	I	1
EMPLOYEE ID#/UID#:	/UID#:					FAU # 1:									
EMAIL ADDRESS:								ct	CC	Fund	Project	Sub	Source	%	
PHONE NUMBER:					FAU # 2:				Fried	Ducient	Cub				
Project/Acct-CC-Fund:							Ac	ct	CC	Fund	Project	Sub	Source	%	
For Non-UCLA Travelers/Employees (in addition to abo					bove)	vve)									
COMPANY/AFFILIATION:					Fund Manager Approval:										
MAILING ADDRESS:					Processed by: Date:										
(For check to be sent to)							TR #:								
BUSINESS PURP	OSE, DESCR	RIPTIO	N OF '	TRAVE	L, SPE	ECIAL INSTRUC	CTIONS (Plea	ase ansv	ver who	o, wha	at, where, wh	en, why. No	acrony	ms.)	
TRAVEL EXPENSES WITH ORIGINAL ITEMIZED RECEIPTS															
Please <u>tape</u> o	original itemiz	e <mark>d rece</mark> i	ipts on	one side	of 8.5	5x11" sheets of p	aper. Receipt	s/proof	of <mark>pay</mark> m	nent sl	iould be orgar	ized by expe	nse type	and date.	
Travel Destination(s	5):						Travel Da	ates:							
Travel Expense Type						Da	te		To-	From	/Location		Am	ount in USD	
Registration Fee:															
Airfare: (Include orig ticket stubs. First class limited to policy):															
Rental Car: (up to an intermediate-size model. Rental insurance included in UC-rate)				e											
Gas for Rental Car:															
Ground Transportation:															
Ground Transportation:															
Parking:															
Tolls:															
Currency Exchange Fees:															
Private Car Mileage @	\$0.545	/mile:		iclude ma trip milea		# of miles:						\$			-
License Plate (for mi	leage):														
	ity insurance:		YES		NO										
Lodging/Hotel: (Max rate \$275/night) (> 40 miles from Univ)				Da	Ro	om Rat	te	Room T		Amount in USD					
Must include itemized receipt by date. Travel packages that do not provide itemized expenses are not allowable.										\$			-		
										\$			-		
										\$			-		
										\$			-		
												\$			-
										\$			-		
												\$			-
												\$			-
												\$			-

	Lodging Subtotal	\$-

Meals & Incidentals (Domestic Daily actual up to max of \$62):	Date	Meal Type	Amount in USD
(M&IE reimbursable for travel over 24 hours)	Date	(Breakfast, Lunch, Dinner)	Amount in 05D
Entertainment Expenses	Date on Receipt	# of Guests	Amount in USD
Entertainment - Breakfast			
Entertainment - Lunch			
Entertainment - Dinner			
Entertainment - Light Refreshments			
Other Travel Expenses (be specific)*	Date on Receipt	To-From/Location	Amount in USD
REI	MBURSEMENT TOTAL:		\$ -

(add rows if necessary)

I certify that the expenses claimed were incurred by payee name above on official University business on the dates shown.

Payee Signature

Date

PI/Supervisor Name

Signature

Rev. 10/24/2018

Date