



Department of Human Genetics
TRAVEL REIMBURSEMENT FORM

Name: \_\_\_\_\_ Email: \_\_\_\_\_ UID#: \_\_\_\_\_

Affiliation: UCLA Faculty/Staff/Postdoc UCLA Student (address below) Non-UCLA Collaborator/Other (address below)

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*UCLA students and Non-UCLA Collaborator/Other must complete the address information\*\*

Reason for Travel (Name, Purpose, Dates and Place of Meeting):

Three horizontal lines for providing travel details.

Table with 3 columns: Date of Expense, Type of Expense, Amount of Expense. Contains 12 empty rows.

Total: \_\_\_\_\_

\* For Airfare expenses - attach a copy of the Travel Itinerary from the UC Travel Center that shows the PTA number (if the UC Travel Center was used).

\* For Mileage expenses - attach a map of the commute.

\* For Other and/or Entertainment-Meal expenses please explain. Indicate alcohol expenses, and provide attendees list with titles and affiliation - Use back if necessary):

Three horizontal lines for providing additional expense details.

Check if you are both Non-UCLA Employee and Non-US Resident\*. \*Provide Declaration of Immigration Status

Traveler Signature \_\_\_\_\_

Fund Manager Signature \_\_\_\_\_

Fund Source: \_\_\_\_\_