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):

_____
_____
_____

Date of Expense	Type of Expense	Amount of Expense

Total:_____$0.00_____

* 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):

_____
_____
_____

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

_____ _____
Traveler Signature Fund Manager Signature

Fund Source: _____