

TRAVEL EXPENSE REIMBURSEMENT FORM

Traveler Name:	University ID number:	Today's Date:

Department:	Total Amount Requested:

Date(s) of Travel:	Travel Destination(s):

Residential Mailing Address:

Please state Business Purpose of travel:

Include: 1. main reason for travel (short description & business justification); 2. conference/meeting title; 3. conference/meeting dates; 4. venue of conference/meeting; 5. Are you currently a UCLA employee?; 6. Comments.

Travel Expense Itemization: Cost Itemized, dated receipts with proof of payment required

Airfare Expense		Itinerary, passenger name, economy class only
Lodging Expense		\$275/night max. domestic lodging
Car Rental Expense		Economy class only
Taxi, Shuttle, Bus Expense		Limit tips to 20% of fare
Conference Registration		Your name and conference name/dates
Baggage Fees		
Parking		
Auto Mileage (number of miles)		Write addresses in Business Purpose above. 58.5 cents/mile
Other		Receipt
Meals		\$79/day domestic. No alcohol. Limit tips to 20% of bill.
Foreign Lodging Per Diem (number of days)		Flight itinerary
Foreign Meals Per Diem (number of days)		Flight itinerary
Total:		

Funding Source:

Required Documentation: Itemized receipts/invoices, Proof of payment (ie VISA XXXX, CC statement), conference acceptance/ invitation email, proof of conference attendance/participation (ie program, certificate). If submitting electronically, please email this form to the department coordinator with relevant documentation in ONE PDF attachment. **Thank you.**

Paper requests: Receipts smaller than an 8.5 x 11 sheet of paper must be taped to a sheet of paper. No loose receipts. Attach All Receipts To Completed Form And Submit To The Departmental Coordinator.

Traveler Signature	Date
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