TRAVEL EXPENSE REIMBURSEMENT FORM

Traveler Name:		University ID number:	Today's Date:
Department:		Total Amount Requested:	
Date(s) of Travel:			
Residential Mailing Address:			
Please state <u>Business Purpose</u> of travel: Include: 1. main reason for travel (short description 4. venue of conference/meeting; 5. Are yo		<i>"</i>	e; 3. conference/meeting dates;
Travel Expense Itemization: Airfare Expense	Cost	Itemized, dated receipts with Flight itinerary, passenger na	th proof of payment required
Lodging Expense		\$333/night max. domestic loc	
Car Rental Expense		Economy class only	шдшд
Taxi, Shuttle, Bus Expense		Limit tips to 20% of fare	
Conference Registration		Your name and conference na	ma/datas
Baggage Fees		Tour name and conference na	ine/ dates
Parking			
Auto Mileage (number of miles)		Write addresses in Business P	turnose above 70 cents/mile
Other		Receipt	arpose above tro containing
Meals		\$92/day domestic. No alcohol	Limit tips to 20% of hill
Foreign Lodging Per Diem (number of days)		Flight itinerary	. Limit tips to 2070 of oil.
Foreign Meals Per Diem (number of days)		Flight itinerary	
Torcign wears Let Dieni (number of days)	1	i iigiit itiiiciai y	
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 8.5×11 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.

Revised 04/22/2025

Traveler Signature

IMPORTANT INFORMATION ON TRAVEL EXPENSE REIMBURSEMENTS

- 1. **Receipts** Itemized receipts with proof of payment (i.e. last 4 digits of card) are required for ALL expenses. Please send documents to Department Coordinator within 2 weeks of your travel's completion.
- 2. Airfare Economy class only. Flight itinerary required in addition to receipt. Higher Economy classes are allowed if a **Medical Exception is granted by UCLA**. A Doctor's note will be required that includes the following:
 - The medical note must specifically state the class of service requested (business class or other higher-cost services)
 - The minimum number of flight hours to accommodate a medical condition
 - Please DO NOT have the Doctor state the medical condition in the note.

UCLA charges a \$9 Carbon Mitigation Fee for reimbursing domestic round-trip flights and \$25 for international round-trip flights.

- 3. **Hotel** Up to \$333/night for domestic travel.
- 4. **Food** Up to \$92/day for domestic travel. Please limit tips to 20% of bill. No alcohol.
- 5. **Per Diem** Per diem refers to payment in lieu of reimbursement for actual subsistence expenses for travelers on University business. It is provided only for travel outside of the continental United States (international) or for travel lasting 30 days or more. (Hawaii, Alaska and U.S. possessions are subject to foreign per diem rates, because they are outside of the continental U.S.) See U.S. Department of State Foreign Per Diem Rates in Related Information for details. *Any Domestic travel under 30 days will require lodging and meal receipts to be provided*.

Additional Information can be found at the following pages:

- UCLA 2025 Reimbursement Allowances for Mileage & Meals: https://travel.ucla.edu/policy-resources/reimbursement-allowances-mileage-meals
- UC G-28 Travel Policy: https://policy.ucop.edu/doc/3420365/BFB-G-28