

Date of Submission: _____ Recharge # / FAU: _____

Requestor Name: _____ UID: _____

Mailing Address: _____

UCLA Email: _____

Phone: _____

Event Name (no initials): _____

Event Location: _____

Purpose of Travel: _____

*Departure from **Home***

Date: _____

Time: _____

*Arrival to **Destination***

Date: _____

Time: _____

*Departure from **Destination***

Date: _____

Time: _____

*Arrival to **Home***

Date: _____

Time: _____

INSTRUCTIONS:

- Affix **ORIGINAL receipts** for all expenses, in date order, to an 8 ½ x 11 sheet(s) of paper
- Include:
 - credit card and/or bank receipts
 - lodging (even if not requesting reimbursement)
 - flight receipt or justification for method of transportation
- Attach conference announcement, if applicable, with receipts
- Per diem can **ONLY** be applied to foreign travel; \$62 per person meal-limit for domestic travel
- Reimbursement Allowances for Mileage and Meals: <https://travel.ucla.edu/policy-resources/reimbursement-allowances-mileage-meals>
- The travel expense claim must be submitted to the disbursements/travel accounting office (or equivalent office on campus) within a reasonable amount of time not to exceed **45 days** after the end of a trip unless there is recurrent local travel, in which case claims may be aggregated and submitted monthly.
- This form is only for your personal expenses. If you have entertainment/meal expenses for other people, please fill out the *Entertainment Reimbursement Form* and include original, itemized receipts.

Itemized List for Reimbursement

EXPENSE	AMOUNT	PAY TYPE	COMMENTS
Airfare		Not Requesting Reimbursement	
Hotel		Not Requesting Reimbursement	
Registration		Not Requesting Reimbursement	
Mileage: <i>miles</i>		Not Requesting Reimbursement	
Car Rental		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	
		Not Requesting Reimbursement	

TOTAL:

Traveler's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____