

# TRAVEL REIMBURSEMENT FORM

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: \_\_\_\_\_

*Departure from **Destination***

Date: \_\_\_\_\_

Time: \_\_\_\_\_

*Arrival to **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	
		Not Requesting Reimbursement	

**TOTAL:**

Traveler's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_