UCLA Travel Reimbursement Form

Name (Please print):

Home Address:

City, State & Zip Code:

Telephone Number Home & Cell:

Email Address:

Business / Educational Affiliation: Title:

Purpose of Trip:

***Please spell out all acronyms***

**Travel Expenses (Coach only):**

Airline:

Dates of Travel:

Departure Date & Time Return Date & Time

***Please Note***: **Effective 1/1/07 - UCLA will not reimburse travel packages (Airfare, Hotel, & Car Rental must be purchased separately)**

Ticket Price: $ Please include full travel itinerary.

Cab Fare: $

Parking Fees: $

Rental Car & Gas Fees: $ Please note: UCLA does not pay for optional insurance.

Other Expenses: $ Description

***Allowable Meal Reimbursements Per Person (travel of 24 hours or more, maximum total for meals-$71 per day) Meals for travel less than 24 hours are not reimbursed.***

Total Meals: $ **NO ALCOHOL WILL BE REIMBURSED – NO EXCEPTIONS**

**License Plate #** is needed for Parking & Mileage:

**Personal Car Mileage** *Round to whole numbers for mileage*

Starting Location

Destination

Total Requested Roundtrip Mileage Reimbursed at 0.56 cents per mile

***Traveler’s Signature is needed here*** X ***Date***