

Please attach all *original* itemized receipts including e-ticket, boarding passes, and detailed car rental receipt if applicable. All receipts must indicate Payment by cash or credit card and show a zero balance. Reimbursement request must be received *within 21 days* of travel. Updated 10/11/12

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

Hotel Expenses: \$ _____

Cab Fare: \$ _____

Parking Fees: \$ _____

Car Rental Fees: \$ _____ Please note: UCLA does not pay for insurance.

Other Expenses: \$ _____ Description _____

***Allowable Meal Reimbursements Per Person (24 hours or more maximum total for meals - \$64 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, & Rental Cars: _____

Does car have liability insurance? _____

Round to whole numbers for mileage

Starting Mileage _____ Ending Mileage _____

Starting Mileage _____ Ending Mileage _____

Total Requested Mileage _____ Reimbursed at 0.555 cents per mile

Traveler's Signature is needed here X _____