UCLA

Mechanical and Aerospace Engineering Department

Travel Reimbursement Request

Name _____ UCLA ID # _____ Employed by UCLA yes___ / no___

Email _____ Destination_____

Justification/ Business Purpose of Travel _____

Domestic Travel: Date & time of departure _____ Date& time of domestic return_____

Foreign Travel: Date & time of arrival at destination _____Date& time of foreign departure_____

| DATE on receipt | MEALS daily max. of $71 | LODGING | TRANSPORTATION add info below for airfare & private car | | | | OTHER | |
			From - To	Mileage - Private Car (include proof of distance)	Airfare	Train, Shuttle, Parking, Tolls, Taxi, etc.	registration, visa, internet, etc. (be specific)	Cost of "other"
Sub-Totals			Sub-Totals				Sub-Total	

＊＊ ORIGINAL ITEMIZED RECEIPTS ARE REQUIRED FOR ALL ITEMS ＊   TOTAL COST ESTIMATE: _____

Private Car Info:
Airfare Pre-Paid Via UC:A Travel Center: yes/no
if yes, provide copy of e-ticket or reservation code:
THE FOLLOWING ITEMS CAN NOT BE REIMBURSED: Rental car insurance and/or navigation system Fuel for personal car miles On-Line Combination packages of air, hotel, rental car, etc

I certify this is an accurate estimate of my expenses for this reimbursement.

Traveler Signature _____

Professor's name _____

Professor approval _____

UCLA Account (FAU) _____