Travel Reimbursement Request

UCLA Mechanical and Aerospace Engineering Department

MANDATORY Home Mailing Address:

_____

_____

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	MEALS daily max $62	LODGING daily max $275	TRANSPORTATION add info below for airfare & private car				OTHER	
			From - To	Private Car Miles (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

*Use 1 line per receipt. For additional entries, create spreadsheet with 3 columns: "Date", "Description", & "$ Cost".

Airfare Pre-Paid Via UCLA 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
Combination packages of air, hotel, rental car, etc.

TOTAL ESTIMATED COST: _____

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

Traveler's Signature _____

Professor's name _____

Professor approval signature_____

UCLA Account (Recharge Id #)_____

Date submitted _____