

IF NOT AN EMPLOYEE - NEED ADDRESS:

# Travel Reimbursement Request



Mechanical and Aerospace Engineering Department

Name \_\_\_\_\_ Email \_\_\_\_\_ UCLA ID # \_\_\_\_\_ UCLA Employee? yes\_\_ / no \_\_

Justification/ Business Purpose of Travel \_\_\_\_\_

Destination \_\_\_\_\_

**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. of \$71	LODGING Check out amount	TRANSPORTATION add info below for airfare & private car				OTHER	
			From - To	Private Car Miles (need 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: \_\_\_\_\_

Airfare Pre-paid via PTA? Yes / No  
If yes, provide copy of e-ticket

**THE FOLLOWING ITEMS CANNOT BE REIMBURSED:**  
Rental car insurance and/or navigation system  
Fuel for personal car miles  
Combination packages (air, hotel, rental car, etc.).  
Exception: itemized expenses

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

Traveler signature \_\_\_\_\_

Professor's name \_\_\_\_\_

Professor approval signature \_\_\_\_\_

UCLA Account (FAU) \_\_\_\_\_

Date signed \_\_\_\_\_ Date submitted \_\_\_\_\_