

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 \$64 NO DOMESTIC PER DIEM	LODGING	TRANSPORTATION add info below for airfare & private car				OTHER	
			From - To	Private Car Miles (needs 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 - liability insurance in effect yes / no
license plate #

Airfare pre-paid via UCLA Travel Center yes / no
if yes, provide copy of e-ticket or reservation code:

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

Traveler Signature _____

Professor name _____

Professor approval _____

UCLA Account (FAU) _____

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

For more information on travel policies go to
<http://www.ucop.edu/ucophome/policies/bfb/g28.html>