

Travel Reimbursement Form - SAMPLE - DOMESTIC

UCLA COMPUTER SCIENCE DEPARTMENT			Dept Code	TR NUMBER
				[BRC ONLY]
TRAVELER'S NAME		UCLA ID #	EMPLOYED BY UCLA? YES OR NO	Date(s) of Travel
Meeting/Conference (full name):		Event Dates:		Event Location: (City/State)
FOR NON EMPLOYEE: PROVIDE STREET ADDRESS - INCLUDE APT # OR SUITE #		CITY, STATE, POSTAL CODE	UCLA EMAIL ADDRESS	Date prepared

LOC	ACCOUNT	FUND	Project	SUB	Source	% split	BUSINESS JUSTIFICATION PURPOSE OF TRIP

PERSONAL CAR BUSINESS MILEAGE - Enter total miles in detail below.*	
Depart City:	Arrival City:
Depart DATE/TIME	Arrival DATE/TIME
Depart City :	Arrival City:
Depart DATE/TIME	Arrival DATE/TIME

EXPENDITURES & REIMBURSEMENTS	Travel Destination(s)
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ALL OF THE TRAVEL REGULATIONS: Can be found on the UCLA Travel Regulations Document at: https://policy.ucop.edu/doc/3420365/BFB-G-28						
Travel Expense Detail	Direct Billed/Prepaid	T&E CARD	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Receipt Check if Attached
CONFERENCE REGISTRATION						
AIRFARE						
AIRFARE Other Fees - e.g. baggage fees, change fees						
LODGING: DOMESTIC TRAVEL MAXIMUM ROOM RATE PER NIGHT IS: \$333.00. MUST BE MORE THAN A 40 MILE RADIUS [THERE IS NO DOMESTIC PER DIEM]						
MISC: POSTER / WIFI / ETC.						
OTHER EXPENSES: FOREIGN TRANSACTION / VISA						
MEALS / INCIDENTALS - DOMESTIC DAILY MAX IS: \$79.00. LIST MEALS ON PAGE 2 - BALANCE WILL CARRY FORWARD>>>						
BUSINESS MEALS FOR RESEARCH MEETINGS						
MILEAGE: (Rate X Miles) .70 Enter Total Miles						
TRANSPORTATION [TAXI, UBER, LYFT, BUS, TRAIN] - LIST ON PAGE TWO AND BALANCE WILL CARRY FORWARD HERE>>>>>>						
PARKING (that is not included on hotel bill)						
RENTAL CAR [GPS, INSURANCE NOT REIMBURSABLE]						
GAS, TOLLS						
Estimated Totals						

NOTE: This is an estimate of reimbursement. Actual reimbursement will be determined by UC policy.

THE FOLLOWING ITEMS CANNOT BE REIMBURSED:
 TRAVEL PACKAGES OF AIR / HOTEL / RENTAL CAR
 RENTAL CAR: GPS SYSTEM OR INSURANCE
 FUEL FOR PERSONAL CAR: ASK FOR MILEAGE INSTEAD

[FOR DOMESTIC TRAVEL OR FOREIGN NON PER DIEM EXPENSES: Expenditures of \$75 or above require original itemized receipts.]

Personal Travel part of this trip? Yes No	List dates of personal travel (airfare comparison for business portion of travel required)	ADDITIONAL COMMENTS:
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Approving Authority Statement: I approve this commitment of department funds for the stated University purpose. I certify that it is an appropriate use for the fund source and that the transaction complies with University policy.

TRAVELER'S SIGNATURE	- PROFESSOR'S SIGNATURE	PROFESSOR'S NAME	ACCOUNT NUMBER TO CHARGE:	Misc.
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Travel Meals & Incidentals Details (G-28)

LIST MEALS & INCIDENTALS DURING TRAVEL HERE. SUBMISSION OF RECEIPTS REQUIRED

Notes	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Carry over to Page 1

Estimated Total M&I

Date	Mode of Ground Transportation	From	To	T&E Card	Personal Funds
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Carry over to Page 1

Estimated Total Ground Transp

Business Entertainment Reimbursement Details (BUS-79)

FOR: MEALS THAT WAS PURCHASED FOR MEETINGS - NEED ATTENDEES, TITLE, AFFILIATION, JUSTIFICATION: WHAT WAS DISCUSSED

BUSINESS PURPOSE / JUSTIFICATION: _____ Number of Participants: _____

TYPE OF EXPENSE / BUSINESS MEAL: * _____

MAXIMUM AMOUNTS ALLOWED PER PERSON: BREAKFAST: \$31 - LUNCH: \$54 - DINNER: \$94 - LIGHT REFRESHMENTS: \$22

ATTENDEES: (Please attach list if needed)

Name	Title	Affiliation

Business Entertainment Description	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$

Transfer these totals to Page 1

Estimated Total Entertainment

Comments/Notes: