

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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IMPORTANT: Please insert funds as appropriate indicating if expense was paid from personal funds, corporate card or prepaid/direct bill. Please DO NOT enter any expense in more than one category below.							
	Enter Expenditures in appropriate column		Auto Fill		Receipt		
Travel Expense Detail	Direct Billed/Prepaid	T&E CARD	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Check if Attached	Expense Exceptions or Detail
CONFERENCE REGISTRATION							
AIRFARE							
AIRFARE Other Fees - e.g. baggage fees, change fees							
HOTEL / LODGING [NO DOMESTIC PER DIEM]							
MISC: POSTER / WIFI / ETC.							
OTHER EXPENSES: FOREIGN TRANSACTION / VISA							
MEALS / INCIDENTALS - PLEASE LIST MEALS ON PAGE TWO AND BALANCE WILL TOTAL HERE:>>>>>>>							
Entertainment (MEALS / INCIDENTALS FOR MEETINGS)							
MILEAGE: *2018 (Rate X Miles) 0.545							
Enter Total Miles							
TRANSPORTATION [TAXI, UBER, LYFT, BUS, TRAIN] - PLEASE LIST ON PAGE TWO AND BALANCE WILL TOTAL 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.]	
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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. Ref: **MEALS (G-28)** Per Person Maximum

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

Type of Expense: _____ Number of Participants: _____

Business Purpose: *(Required)* _____

Official Host: _____ Department: _____

ATTENDEES: (Please attach list if needed)

Name	Title	Affiliation

Original itemized receipts required for all business entertainment expenses \$75 or more. Ref: Appendix A (BUS-79) Per Person Maximums (pg 21)

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

Transfer these totals to Page 1 **Estimated Total Entertainment**

Comments/Notes: _____