## Travel Reimbursement Form - SAMPLE - INTERNATIONAL

UCLA COMPUTER SCIENCE					Dept Code	TR NUMBER				
DE	PARTMENT							[BRC ONLY]		
TRAVEL	ER'S NAME			UCLA ID #				EMPLOYED B	Y UCLA? YES OR NO	Date(s) of Travel
Meetin	g/Conference (full name):	I					Event Dates:		Event Location: (City/State)	
FOR NON EMPLOYEE: PROVIDE STREET ADDRESS - INCLUDE APT #			OR SUITE # CITY, STATE, POSTAL CODE UCL					UCLA EMAIL ADDRESS		Date prepared
LOC	ACCOUNT	FUND	Pro	ject	SUB	So	urce	% split	I	BUSINESS JUSTIFICATION PURPOSE OF TRIP
	PERSONAL	CAR BUSINES	S MILEAGE	- Enter to	tal miles i	n detail be	low.*			
	art City: art DATE/TIME	Arrival City:								
	art City :		Arrival DATE/TIME Arrival City:							
Depart DATE/TIME				DATE/TIME						
		EXPENDITU								Travel Destination(s)
ALL OF THE TRAVEL REGULATIONS: Can be found on https://po			the UCLA Travel Regulations Document at: licy.ucop.edu/doc/3420365/BFB-G-28							
			Enter Expenditures in appropriate column			Auto Fill		Receipt		
	Travel Expense Deta	iil	Direct Billed/ Prepaid	T&E CARD	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Check if Attached	E	xpense Exceptions or Detail
COI	NFERENCE REGISTRATION									
AIR	FARE									
AIR	FARE Other Fees - e.g. baggage fees	s, change fees								
HO	TEL / LODGING									
[PE	R DIEM WILL BE APPLIED]									
MIS	SC: POSTER / WIFI / ETC.									
OTI	HER EXPENSES: FOREIGN TRANSA	CTION / VISA								
MEALS/INCIDENTALS - DOMESTIC DAILY MAX IS: \$79.00. LIST MEALS ON PAGE 2 AND BALANCE WILL CARRY FORWARDE>>>										
Ente	ertainment (MEALS / INCIDENTIALS FOR	MEETINGS)								
	MILEAGE: *2024									
тра	(Rate X Miles) .67	Enter Total Miles								
	2 - BALANCE WILL CARRY FORWARD H									
PAF	RKING (that is not included on hotel b	bill)								
REM	NTAL CAR [GPS, INSURANCE NOT I	REIMBURSABLE]								
GAS	S, TOLLS									
	Esti	mated Totals						-	is is an estimate of rei imbursement will be d	mbursement. letermined by UC policy.
			TRA	VEL PACKAG	GES OF AIR /	HOTEL / RE				
				ITAL CAR: GE			CE EAGE INSTE	AD		
[FOR	DOMESTIC TRAVEL OR FOREIG	N NON PER DIEN	1 EXPENSES:	Expenditure	es of \$75 or	above requ	ire original	itemized re	ceipts.	
Pers	onal Travel part of this	List dates of per	sonal travel	(airfare com	parison for b	usiness port	tion of travel	required)		ADDITIONAL COMMENTS:
trip?	-									
Appro	oving Authority Statement: /		nmitment o	f departme	nt funds for	r the stated	University	purpose. I c	ertify that it is an app	propriate use for the fund source and that

the transaction complies with University policy.

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## Travel Meals & Incidentals Details (G-28)

	•• •		_		
	Notes		Date	T&E Card	Personal Funds
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
		Carry over to Page 1	Estimated Total		
			M&I		
Date	Mode of Ground Transportation	From	M&I To	T&E Card	Personal Funds
Date	Mode of Ground Transportation			T&E Card	
Date	Mode of Ground Transportation				\$
Date	Mode of Ground Transportation			\$ \$	\$ \$
Date	Mode of Ground Transportation			\$ \$ \$	\$ \$ \$
Date	Mode of Ground Transportation			\$ \$ \$ \$	\$ \$ \$ \$
Date	Mode of Ground Transportation			\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
Date	Mode of Ground Transportation			\$ \$ \$ \$	\$ \$ \$ \$
Date	Mode of Ground Transportation			\$ \$ \$ \$ \$	\$ \$ \$ \$ \$

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

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 ALLLOWED PER PERSON: BREAKFAST: \$31 - LUNCH: \$54 - DINNER: \$94 - LIGHT REFRESHMENTS: \$22

ATTENDEES: (Please attach list if needed)

Name	Title	Affiliation

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Business Entertainment Desciption	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$
Transfer these totals to Page 1	<b>Estimated Total</b>		
	Entertainment		

Comments/Notes: