

## Travel Reimbursement Form

<b>UCLA COMPUTER SCIENCE DEPARTMENT</b>			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

<b>PERSONAL CAR BUSINESS MILEAGE - Enter total miles in detail below.*</b>	
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)
<b>ALL OF THE TRAVEL REGULATIONS:</b> Can be found on the UCLA Travel Regulations Document at: <a href="https://policy.ucop.edu/doc/3420365/BFB-G-28">https://policy.ucop.edu/doc/3420365/BFB-G-28</a>							
	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							
LODGING: DOMESTIC TRAVEL   MAXIMUM ROOM RATE PER NIGHT IS: \$275.00. MUST BE MORE THAN A 40 MILE RADIUS [THERE IS NO DOMESTIC PER DIEM]							
MISC: POSTER / WIFI / ETC.							
OTHER EXPENSES: FOREIGN TRANSACTION / VISA ETC.							
MEALS / INCIDENTALS - DOMESTIC DAILY MAX IS: \$79.00 . LIST MEALS ON PAGE 2 - BALANCE WILL CARRY FORWARD>>>							
BUSINESS MEALS FOR RESEARCH MEETINGS *****							
MILEAGE: *2024 (Rate X Miles) <b>.67</b>	Enter Total Miles						
TRANSPORTATION [TAXI, UBER, LYFT, BUS, TRAIN] - LIST ON PAGE 2 - BALANCE WILL CARRY FORWARD>>>>							
PARKING (that is not included on hotel bill)							
RENTAL CAR [GPS, INSURANCE NOT RIEMBURSABLE]							
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 IS 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

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

Transfer these totals to Page 1

**Estimated Total  
Entertainment**

Comments/Notes: