

Travel Reimbursement Form

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)
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	Enter Expenditures in appropriate column			Auto Fill		Receipt	Expense Exceptions or Detail
	Direct Billed/Prepaid	T&E CARD	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	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 ETC.							
MEALS / INCIDENTALS - DOMESTIC DAILY MAX IS: \$92.00 . 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 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:

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.
----------------------	-------------------------	------------------	---------------------------	-------

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

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

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

Comments/Notes: _____