

Travel Reimbursement Form

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|---|--|--------------------------|-----------------------------|------------------------------|
| 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 |
|-----|---------|------|---------|-----|--------|---------|--|
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|--|-------------------|
| 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) |
|-------------------------------|-----------------------|
|-------------------------------|-----------------------|

| 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. | | | | | | |
|---|--|----------|----------------|------------|--------------------------|-------------------|
| Travel Expense Detail | Enter Expenditures in appropriate column | | | Auto Fill | | Receipt |
| | 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] | | | | | | |
| RENTAL CAR | | | | | | |
| RENTAL CAR GAS | | | | | | |
| Meals & Incidentals (NO DOMESTIC PER DIEM) (M&I that is not included in hotel bill) | | | | | | |
| Entertainment (MEALS / INCIDENTALS FOR MEETINGS) | | | | | | |
| MILEAGE: *2018 (Rate X Miles) 0.545 | Enter Total Miles | | | | | |
| Total Ground Transportation: * | | | | | | |
| PARKING (that is not included on hotel bill) | | | | | | |
| TOLLS | | | | | | |
| OTHER (Describe) | | | | | | |

Estimated Totals

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

* RENTAL CAR INSURANCE AND/OR GPS SYSTEM - FUEL

FOR PERSONAL CAR: ASK FOR MILEAGE INSTEAD - TRAVEL PACKAGES OF AIR / HOTEL. RENTAL CAR

[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: | Phone |
|----------------------|---|-----------------------|------------------|---------------------------|-------|

