



TRAVEL REIMBURSEMENT REQUEST FORM

Name: _____ Email: _____ UID#: _____

Affiliation: UCLA Employee UCLA Student (not on payroll) Non-UCLA Collaborator/Other

Do you have UCLA Payroll Direct Deposit? _____ *If no, please provide your mailing address below:

Address: _____ City: _____ State: _____ Zip: _____

Check here if you are both Non-UCLA Employee and Non-US Resident*. *Provide I-94 and Declaration of Immigration Status

Trip Destination: _____ Date(s) of Travel: _____

Purpose of Trip (No Acronyms) – How does it benefit the goals of the project? Please provide details.

Means of Transportation & Lodging

USD

Foreign

AIRFARE

- Total Cost of Airfare: (Please check one) \$ _____
 ☒ PTA#: _____ (if UCLA Travel Center issued your airfare)
 ☐ Itinerary & receipt is required – credit card or bank statement is needed if there is no proof of payment.
 ☐ Paid by different Department/University*: _____
- Baggage Fees: \$ _____

PRIVATE CAR MILEAGE

- Total roundtrip # of mile: _____ miles x **\$0.54** = \$ _____
- * **This auto is covered by liability insurance required by the State of California.**
- Parking Expense relating to mileage: \$ _____

LODGING (Indicate total amount as shown on receipt. Do not separate expenses)

\$ _____

Meals & IE / Per Diem

USD

Foreign

DOMESTIC TRAVEL

- Total Meals (original itemized receipts required) \$ _____
- If claiming the daily maximum, your signature below attests" that you have incurred "j g'f ckn' o czko wo 'tcvg'qh\$74/day:
 # of days: _____ \$ _____

FOREIGN TRAVEL

- Total Meals (Actuals) \$ _____
- Per Diem Claim – Indicate # of days: _____ X _____ (daily rate\$) \$ _____

Other Expenses

USD

Foreign

REGISTRATION FEES

\$ _____

TRANSPORTATION

☐ Taxi: \$ _____ ☐ Train: \$ _____ ☐ Parking/Tolls: \$ _____ \$ _____

OTHER EXPENSES

_____ \$ _____

By signing below, the traveler and PI hereby certify that the amounts claimed are a true statement of the expenses incurred and that these travel expenses were necessary to accomplish the goals of the project.

ACCOUNT/ PROJECT# TO CHARGE: _____ TOTAL COST: \$ _____ ≈ _____

TRAVELER SIGNATURE: _____ DATE: _____

PI APPROVAL: _____ DATE: _____

Please TAPE (no staples) all ORIGINAL receipts on an 8.5x11 paper along with this request form and drop off at the SSGS office in 2134 Rolfe Hall. Receipts should also be organized by expense type and date.