# **Guest Traveler: Airfare/Hotel Request Form**

**Instructions:** A UCLA Family Medicine employee should complete the blue sections of this form and then submit to the guest traveler for completion of the remaining sections. After returning the form to the employee, guests will then receive an itinerary for verification. Once the itinerary is confirmed, the employee should submit this form, the itinerary, and FAU to the Fund Manager and Purchaser to create the PTA. At that point, the final boarding pass/e-ticket will be sent to the guest traveler. If the guest needs to cancel for any reason, they should contact the employee immediately.

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| --- | --- |
| 1. Name of Event |  |
| 1. Detailed Business Justification |  |
| 1. Type of Ticket |  |
| *Guests should complete the following:* | |
| 1. Name as it appears on Driver’s License/ID |  |
| 1. Date of Birth (MM/DD/YY) |  |
| 1. Gender as it appears on Driver’s License/ID |  |
| 1. Contact number (mobile) |  |
| 1. Email (to send final e-ticket) |  |
| 1. Frequent Flyer number, if applicable |  |
| 1. Preferred airline *(not guaranteed)* |  |
| 1. Departure city/airport |  |
| 1. Arrival city/airport |  |
| 1. Date of departure |  |
| 1. Preferred time of departure |  |
| 1. Date of return |  |
| 1. Preferred time of return |  |
| 1. Preferred seating (aisle, window) |  |
| 1. Special notes or needs |  |
| UCLA Accounts Payable requests the information below (required).  *(This information is required to set up a guest profile in our online travel reimbursement system Concur and will be the address to which the check is mailed, if that is the payment method selected)* | |
| 1. Mailing Address 1 (Street address) |  |
| 1. Mailing Address 2 (Apartment, Suite or Floor) |  |
| 1. City, State and Zip/Postal Code |  |
| 1. Preferred Method of Payment | Check  Zelle |
| 22A. If Zelle is selected, please provide the phone number and/or email of the linked Zelle account: |  |
| 1. Will the University cover lodging expenses for the guest? | ☐ Yes ☐ No |
| *If “Yes,” is selected above, guests should complete the following so that hotel arrangements can be made:* | |
| 1. Preferred Hotel |  |
| 1. Hotel Address |  |
| 1. Check-In Date |  |
| 1. Check-Out Date |  |

**Notes:**

We can only purchase economy fares. If Business Class is required, the guest must include a signed physician’s note and we must obtain prior approval from leadership.

This form is for the purchase of airfare and hotel only. **If** any additional travel expenses will be covered by the university, the employee should coordinate with the guest traveler prior to the event. The guest and employee should work together to complete and submit a Travel Reimbursement Request after travel has occurred. The guest traveler must save and submit receipts and will be required to log into our online submission portal in order to process their reimbursement. Please reach out to the Family Medicine Purchaser if you have any questions about this process.