Travel Reimbursement Form

UCLA
Department Of Medicine

Name *(Last,First)* _____ UID#_____

Email: _____ Phone#:_____

Address (Only Non UCLA Employee) _____

Name of Conference _____

Business Justification *(Please be specific)*

[   ]

Location _____ Date of Travel _____

Expenses	Amount
Airfare *(Provide email confirmation receipt. UCLA will only reimburse for economy fare)*	
Lodging *(Must submit itemized receipt)*	
Registration *(include receipt with form of payment)*	
Mileage *(Provide total number of miles. Must provide Google Maps, MapQuest, ect. visually indicating your trip mileage)*	
Ground Transportation *(Taxi, Lyft, Uber, etc.) Include email confirmation receipts*	
Parking *(include receipt)*	
Meals *(include itemized receipts)*	
Gas & Tolls *(include receipts)*	
Other *(Allowable expenses only)*	
Total	

Account	CC	Fund	Sub	Project	Object	Amount

Signature _____ Date _____

You must submit original receipts and copies of proof of payment (e.g., bank or credit card statement) with this form
to jcervantes@mednet.ucla.edu

For Office Use

Fund Manager Approval _____ Date _____

TR # _____

Date Submit _____