

## GUEST TRAVEL REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_ Type of Guest: Domestic International  
 Title: \_\_\_\_\_ Trip Date: *from* \_\_\_\_\_ *to* \_\_\_\_\_  
 Email Address: \_\_\_\_\_ For International Guest:  
 Affiliation (Univ./Org.): \_\_\_\_\_ U.S. Citizen? Yes No

Purpose of the Trip (enter a detailed description of the research or conference/meeting title; attach program):

### Means of Transport

<i>Air Travel (check one or multiple)</i>	<b>Amount</b>
<input type="checkbox"/> Total cost of Airfare <i>*Flight itinerary with proof of payment is required.</i>	_____
<input type="checkbox"/> Baggage Fees <i>*Itemized receipt with proof of payment is required.</i>	_____
 <i>Ground Transportation (check one or multiple)</i>	
<input type="checkbox"/> Privately Owned Automobile Total roundtrip # of mile: _____ miles x 58.5¢: <i>*Google Maps printout is required.</i>	_____
<input type="checkbox"/> Others (such as Taxi, Bus, Trains, Parking, Tolls) <i>*Receipts are required – limousines/driver servers are not allowed.</i>	_____

### Meals, Incidental Expenses, & Lodging

*Domestic (Actual expense up to \$62 per day).*  
*\*Itemized receipts with proof of payment are required.*

Day 1	Day 2	
Day 3	Day 4	
Day 5	Day 6	
Day 7	Day 8	

### Other Expenses

☐ Other Fees: \_\_\_\_\_  
*\*Receipt is required – fees must show proof of payment.*

TOTAL COST: \_\_\_\_\_

I certify that the information on this form is accurate to the best of my knowledge, and that I will not claim reimbursement from any other source for these expenses.

Signature of payee: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE AFFIX LOOSE RECEIPTS IN CHRONOLOGICAL ORDER TO 8 ½" x 11" PIECE OF PAPER WITH TAPE – DO **NOT** STAPLE.  
 SUBMIT FORM NO LATER THAN 45 DAYS AFTER THE TRIP PER UCLA TRAVEL POLICY.