

Instructions: To be completed by the faculty member requesting reimbursement only. All requests for reimbursement of travel expenses must be submitted within fifteen (15) days of completing travel. Please provide requested information below in appropriate detail. Please include the approved Travel Authorization Request applicable to the expenses detailed below. For reimbursement of mileage only, please complete form MS-306: Request for Mileage Reimbursement.

Requested by:			Approved T	Approved Travel Dates	
E-mail:			Start:		
Department:			End:		
Specify:	○ Olive View Faculty	⊂ Fellow	⊂ Resident		
Destination:			City/State:		

Travel Expenses Incurred

For all claimed expenses, please provide original receipts. Photocopies and scanned duplicates are insufficient.

Registration Fees:	Conference or event registration fees
Transportation (Air):	Airfare
Transportation (Ground):	Taxi, rental car, or shuttle(s)
Accommodations:	Hotel or similar lodging
Meals & Entertainment:	Maximum daily reimbursement is \$71. Entertainment expenses must comply with BUS-79.
Miscellaneous Expenses:	Miscellaneous or incidental expenses
Mileage Incurred:	Personal vehicle mileage incurred. Reimbursement per IRS guidelines.

Please print, sign, and date this request form, and submit the completed form with all required documentation and receipts within fifteen (15) days of completing travel to **Medical Administration**, **2C-138**.

Signature:				Date:	
UCLA Use Or	ıly				
Disposition:	Approved	O Denied	O Incomplete/Insufficient	Not to Exceed:	
Authorized by:				Date:	
	Rima Matevosia	dicine			