

CUWiP@UCLA Travel Reimbursement Worksheet Instructions

Please fill in the PDF below and submit to:

cuwip@physics.ucla.edu

1. With a scanned copy of all receipts
2. A letter from your department stating that they cannot cover your cost of travel
 - a. Unless you are solely seeking parking reimbursement
 - b. Or are an invited speaker/panelist

Traveler's Name				UCLA ID #	
	Contact Info			Phone	
UCLA Employee?	YES <input type="checkbox"/>	NO			
		List employer & title.			
Mail check to P.O. boxes not allowed	Address Line 1			Address Line 2	
	City		State/Province	Zip Code	
					Country

Attention Visitors! Non-US Citizens will also need to submit a completed/signed [Declaration of Immigration Status Form](#) & a photocopy of the I-94 visa card (found in passport) prior to completion of trip.

Travel Dates	Start	Finish	Personal Day(s) Explain in notes below.
	Name of Event/Conference write out all acronyms or abbreviations		
Purpose of travel in detail what/where/when/ & how it relates to UCLA			
FUNDING Source (Account, FAU# or Recharge ID)			Name of PI/Advisor

Expenses over \$75 require a receipt showing proof & method of payment. You may submit a credit card statement showing the transaction date/description/amount.
Other Mandatory Receipts: transactions involving airfare, car rental, lodging, registration fees, rail, & entertainment. Entertainment receipts must include a guest list.
Lost Receipts? Try to get a replacement or show proof of payment via credit card statement. If that fails, please explain in a signed/dated note & include with receipts.

Date	Description of Expense	Amount	Method of Payment	Receipt Attached?	
	Total meal expenses from Page 2 of this form →			Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Subtotal	
Less Travel Advance	
TOTAL REIMBURSEMENT CLAIMED \$	

NOTES:

TRAVELER's Signature _____ Date _____

APPROVAL Signature
PI/Advisor or Fund Manager _____ Date _____