

JIFRESSE TRAVEL CLAIM FORM
 Due within 15 days of completion of trip

TRAVELER INFORMATION	
Name:	UCLA PI :
Phone Number:	Business purpose of trip (no acronyms):
Email Address:	
Employee? <input checked="" type="radio"/> Yes <input type="radio"/> No (if yes, provide Employee ID. If no, provide Mailing Address.)	
Employee ID:	Abstract title:
Mailing Address (no P.O. boxes):	

Outbound Trip

Date:	Date:
Departed from:	Arrived at:

Return Trip

Date:	Date:
Departed from:	Arrived at:

REIMBURSEMENT (please attach all original receipts pertaining to travel)

Expenses		Meals Outside of Hotel	
Expense Category	Amount (enter total for each category)	Date	Amount
Abstract Fee			
Airfare (itemized receipt needed)			
Currency Exchange Fee			
Gas & Tolls			
Lodging (itemized receipt needed)			
Other Ground Transportation			
Parking			
Registration Fees			
Rental Car (itemized receipt needed)			
Baggage Fee			
Other (explain in Notes)			
Other (explain in Notes)			
Subtotal:		Subtotal:	

Mileage		
Date	Destination (City, State)	# of Miles
5 .5¢ / mile x		miles =

Total Amount Requested:

Notes:

Traveler Signature _____ **Date** _____

I certify that the amounts claimed are a true statement of the expenses incurred on official University business and that the original of all receipts has been submitted.

PI Signature _____ **Date** _____

Fund Manager _____ **Date** _____

FAU _____