JIFRESSE TRAVEL CLAIM FORM

Due within 15 days of completion of trip

TRAVELER INFORMATION		
Name:	UCLA PI :	Fund #:
Phone Number:	Business purpose of trip (**no acronyms**):	
Email Address:		
Employee? ◯ Yes ◯ No (if yes, provide Employee ID. If no, provide Mailing Address.)		
Employee ID:		
Mailing Address (**no P.O. boxes**):	Abstract title:	

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

Expense Category	Amount (enter total for each category)
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:	$0.00

Meals Outside of Hotel

Date	Amount
Subtotal:	$0.00

Notes:

Mileage

Date	Destination (City, State)	# of Miles
70¢ / mile x	0 miles =	$0.00

Total Amount Requested: $0.00 Update Total

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 _____

JIFRESSE - 607 Charles E Young Dr E - 4242 Young Hall - Los Angeles, CA 90095-7228