UCLA - ORA
Travel & Other Reimbursement Request

Updated on: 7/22/26

Employee Name: _____

Employee ID: _____

City of Residence: _____

Department: _____

Expenses From (date): _____

Expenses To (date): _____

Type of Expense : ◯ Travel ◯ Other Reimbursement

Name of the Event:

Business Purpose/Comments:

Claiming Car Mileage: If yes, license plate #:

Does the car have the minimum liability coverage prescribed by UC Policy? ◯ Yes ◯ No

-$50,000 for personal injury to, or death of, one person.
-$100,000 for injury to, or death of, two or more persons in one accident.
-$50,000 for property damage.

Reimbursement Request

Date	Airfare	Hotel (domestic limit: $333/night)	Meals & Incidentals ($92 per day)	Misc. Hotel fees	Transport	Parking	Mileage ($0.76 mile)	Baggage Fee	Registration	Misc
Total	0	0	0	0	0	0	0	0	0	0

* **Please specify the miscellaneous expenses in the Business Purpose/Comments section. IMPORTANT NOTE: The $92 per day limit for meals and incidentals includes tips and fees for services (i.e. for waiters, baggage handlers, etc)**

TOTAL REIMBURSEMENT: 0

Prior Reimbursements & Prepaid Expenses

Airfare - PTA #	Airfare - $	Registration - Invoice #	Registration - $	Other (please specify)	Other - $

B&F use only:

	Account	Fund	Sub	Project	Source
FAU:					

SIGNATURE: _____

AUTHORIZED BY: _____