

PAYEE

Name: _____ Title/Campus: _____

Mailing Address: _____

Phone: _____ Email: _____

TRIP

Business Purpose: _____

Destinations: _____

Date/Time Depart: _____ Date/Time Return: _____

DOCUMENTATION

AUTOMOBILE

Rental	Amount	Personal Car	Mileage

To/From: _____

AIR TRAVEL SWABIZ UCLA Travel (UCSB Travelers only) Self

(Must attach itinerary, showing proof of payment for ALL air travel, including those prepaid by UC)

GROUND TRANSPORTATION BART Taxi/Rideshare Train

Date:	Amount:	Date:	Amount:

OTHER EXPENSE Parking Toll Amount: _____

LODGING Yes No

Date:	Amount:	Date:	Amount:

MEAL Date: _____ Amount: _____

FOR UCOP USE ONLY

Entity	Fin Unit	Fund	Account	Function	Program	Project
M	20555	6011010	69085	536000		

CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Please scan your receipts, and send them, along with this form, to tenneh.fallah@ucop.edu

Traveler's Signature: _____ Date: _____