

BIOLOGY ADMINISTRATION FINANCIAL SERVICES

For Office Use Only

Request for TRAVEL ENTERTAINMENT T&E Card Reimbursement

TR:
FAU:
Amount: \$
Fund Mgr. Signature:
PI Signature:

Name of Requestor: _____

Email: _____ Phone: _____

Home Address: _____

Are you a UCLA: Guest/Student Active Employee (9-digit UID: _____)

If Guest/Student, please select Preferred Method of Payment: Zelle (Electronic Transfer) Mailed Paper Check

If opting for Zelle, is the Zelle account linked to a Email: _____ Phone: _____

**Please note that if your Zelle information is incorrect and payment is bounced back, a paper check will be mailed to the home address listed above.*

If opting for a Paper Check, please provide a mailing address:

Address Line #1 _____

Address Line #2 _____

City _____ State _____ Country _____ Zip Code _____

Name of Budget/Fund: _____

Entertainment/Trip Dates: _____

Destination: _____

Business Purpose: _____

Transportation Type: If Other: _____

For private car: Total Number of Miles to Claim: _____

For University-owned vehicle or rental car: Total Fuel Claim: \$ _____

For more information regarding UCLA's Travel Policies, please refer to the link below:
<https://www.travel.ucla.edu/policy-resources/reimbursement-allowances-mileage-meals>

Travel Reimbursement Items: Please itemize all expenses below.

***ORIGINAL RECEIPTS ARE REQUIRED**

Date:	Expense:	Amount:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

For a business hosted event please list names of ALL attendees, titles and their affiliation. (a separate sheet may be attached).

Please send your PDF receipts along with this reimbursement request form to the EEB Finance team: support@eeb697.zendesk.com