TRAVEL REIMBURSEMENT FORM

CÉSAR CHÁVEZ DEPARTMENT OF CHICANA/O STUDIES 7349 Bunche Hall 155903- Phone 310-206-7695

AIE:						
ame:						
ATE(S) OF TRIP:						
TAL # OF DAYS	3:					
IRPOSE OF TRI	P:					
ME OF CONFE	RENCE:					
CCOUNT TO BE CHARGED (REQUIRED						
R PROCESSING						
		EXI	PENSE REPO	RT		
PARTURE TIME	E: ARRI	IVAL TO DE	ESTINATION			
E TRIP AUTHO	RIZATION#					
Date	Hotel	Meals	Transportati	Parking	Registration	Other
			on			
					1	

\$

TOTAL REIMBURSEMENT FOR THIS TRIP: | \$

\$

TOTAL

Submit original to Brenda Trujillo, please be sure to tape receipt to blank paper to prevent receipts from being lost. Send this form via-email to brendat@chavez.ucla.edu.

Students: Be sure to get approval from Chair or Graduate Director via email and send to brendat@chavez.ucla.edu, before submitting receipts. Also, send your mailing address where you would like your reimbursement mailed to brendat@chavez.ucla.edu.

Mileage Claim is 53.5 cents per mile.

Meals for Travel Maximum is \$74 for a day. Anything over \$74.00 will not be