College | Social Sciences
César E. Chávez Department of Chicana/o and Central American Studies

Travel Reimbursement Form

Name: _____ **Current Date:** _____

Dates of trip: _____ **Funding source:** _____

Purpose of trip (WHAT, WHERE, AND WHY): _____

_____

_____

_____

CONFERENCE: YES___ NO___ **NAME OF CONFERENCE:** _____

*If you claiming Per Diem, insert "Per Diem" in the "Amount "section.

DATE	EXPENSE	AMOUNT

TOTAL REIMBURSEMENT FOR THIS TRIP: $ 0.00

Mailing Address (Non-Faculty only):

_____

_____

_____

Please complete form and email completed form with receipts to Sandy Garcia, Sgarcia@chavez.ucla.edu.

Revised 9/14/2020