## **IOES - TRAVEL AND ENTERTAINMENT FORM**

Approved Rate and Travel & Entertainment policies: https://travel.ucla.edu/policy-resources/reimbursement-allowances-mileage-meals

UCLA EMPLOYEE					
Full Name					
UID					
Email					
NON-UCLA EMPLOYEE					
Full Name & Title (grad student/student/etc)					
UID					
Email & Phone Number					
Home Address:					
Line 1					
Line 2					
City, Zip					
State & Country					
Preferred Payment	Zelle Check				
If Zelle: phone number or email					
associated with your Zelle account					
TRAVEL/EVENT INFORMATION					
TRAVEL/EVENT INFORMATION					
Trip/Event Name (no acronyms)					
Dates (departure-return)					
Event Location/ Departure from (city, state/co	ountry)				
Destination (city, state/country)					
Personal Travel dates if applicable					
Business Justification, why, where, and when	(please,				
do not use acronyms)					
Approvals					
Traveler's signature	Project/FAU				
PI Name & signature	Account name/FAU				
Account hame & signature					
Fund Manager signature	Internal Use: Date Processed				

**Required documentation (separate files):** itemized receipts, hotel folios, list of attendees (download attendees worksheet here: https://www.ioes.ucla.edu/forms/)

**Proof of payment:** receipts showing the last 4 digits of your credit card, or redacted credit card statement **File format:** .png, .jpg, .pdf, .tif or .tiff. **File Size** under 5MB

MEA	MEALS & GROCERIES								
Date	Location (city, state, country)	Meal	Vendor	Amount	Number of Attendees*		Justification: what, why, who, when & where		

<sup>\*</sup> Attendees list is required. Please see page 3.

If attendee(s) is a **spouse/partner** of a university guest or university host use the box below to explain if they served a bona fide business purpose, and did they have a significant role in the proceedings or made an important contribution to the success of the event.

Approved Rates & Policy: https://travel.ucla.edu/policy-resources/reimbursement-allowances-mileage-meals

## **Attendees list**

For events with more than 10 attendees, please submit the event flyer or download the attendee worksheet from our website: https://www.ioes.ucla.edu/forms/

ATTENDEES		
Full Name	Affiliation	Organization

OTH	OTHER TRAVEL EXPENSES							
Date	Туре	Vendor	From	То	Amount or mileage	Form of payment	Justification: what, why, who, when & where	