

California Center for Population Research

4284 Public Affairs Building PO Box 957236 MC: 723603 Los Angeles, CA 90095

CCPR Travel and Entertainment Reimbursement Form

Due within 21 days of trip completion

INFORMATION (Please fill in ALL information; please print)

Name: _____ University ID: _____ Employee:

Street Address (if not employee): _____

School Email Address: _____ Phone Number: _____

Purpose of Trip (no acronyms): _____

Location (City, State/Country): _____

REIMBURSEMENT (attach original receipts)

Airfare Cost: _____

Check One: Direct Billing Reimburse Traveler
(attach itinerary & credit card statement)

Rental Car: _____ Gas: _____

Parking	Date	Location	Amount

Registration Fees: _____

Abstract Submittal Fees: _____
(receipt MUST indicate method of payment)

Ground Transportation

Date	Amount	Type (Taxi, Bus, Train)

Mileage. I certify that I meet the [car insurance requirement](#).

Date	Miles	Destination (City/State)

Total Miles =

Lodging and Meals

DOMESTIC (meals reimbursed on actual basis - Receipts Required)
FOREIGN (expenses reimbursed in accordance with per diem rates)

Date	Meals	Room Rate	Room Tax	Internet

Other: Business related telephone, fax, tolls. (Need all original receipts)

Date	Description	Amount

Totals (Calculated Automatically)

Airfare	Fees
Vehicle	Meals
Lodging	Tax
Internet	Other

Total Reimbursement

Signature of Traveller _____ Date _____ Signature of Principal Investigator _____ Date _____

CCPR Use Only

FAU: _____	Departure: _____	Departure: _____
Approval: _____	Arrival: _____	Arrival: _____
Date: _____	Date: _____	Date: _____