

**UCLA Department of Surgery
Resident/Fellow Travel Form**

Name: _____ Date: _____

Travel dates: _____ Faculty Mentor: _____

Name of conference and location: _____

Presentation dates and time: _____

Rotation at the time of travel: _____

Funding for the travel: _____

(The PI/mentor will be covering the travel expenses. Please check with the PI/mentor for FAU)

Cost of travel:

Hotel*: _____

Transportation: _____

Meals: _____

Registration fees: _____

*University Hotel limit - \$333 per night

For reimbursement, please send a copy of the receipts and credit card statements to the Surgery Education Office.

Approvals:

Program Director: _____

Faculty on service: _____

Chief Resident on the Service: _____

Faculty Mentor: _____

UCLA travel policy guidelines:

<https://ucla.app.box.com/v/travel-ent-exp-guidelines>

Travel and Entertainment Intake Form

Section 1: Department Information

1. Department Name:
2. Requestor's Name:
3. Requestor's Email:
4. Supervisor/Approver Name:
5. Date of Request:

Section 2: Purpose of Request

6. Type of Expense (Travel, Entertainment, Morale Activity, Other):
7. Allowable exceptions (check all that apply):

Faculty or researcher travel to conduct required research

Meeting or training participation required by a grant or required to maintain grant funding

Faculty or researcher travel to attend a conference for required training

Faculty recruiting meals or trips

Activities required under a collective bargaining agreement

Society memberships

8. If none of the exceptions apply, please explain why this travel or entertainment is essential:

Section 3: Event or Travel Details

9. Name of Event or Activity:
10. Start Date:
11. End Date:
12. Location:
13. Estimated Total Cost:
14. How will the cost be funded? (include FAU or funding source):

Section 4: Justification and Supporting Documents

15. List justification and supporting documents provided (e.g., agenda, proof of funding, itinerary):

Section 5: Confirmation

16. Confirm that the request complies with UCLA policies (initial):

Section 6: Approvals

17. Approved by director:

18. Approved by unit CAO:

19. Approved by CFO:

20. Approved by department chair: