

**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>