



DAVID GEFFEN
SCHOOL OF MEDICINE
AT UCLA

Student Traveler Information

Full Name: _____

Address:

Phone: _____ Cell: _____

E-Mail Address: _____

SSN: _____

Departure Airport: _____

Arrival Airport: _____

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Departure Time: _____

Seat Preference Aisle Window

- I have read the travel procedures and agree to the policies
- I have been formally approved to travel by the Student Affairs Office

By checking these boxes I electronically certify my agreement to comply with all policies and procedures.

***If you have not been formally approved and still opt to request reimbursement,
note that you will be responsible for all costs incurred.
All costs must be restituted in full to the University within 30 days.***

12-159 Center for Health Sciences
David Geffen School of Medicine at UCLA
Los Angeles, CA 90095-1720
FAX: 310.794.9574
Phone: 310.825.7007

Departmental Use Only	
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<input type="checkbox"/>	Processed on: