

Western MCH Nutrition Leadership Network
Annual Meeting, 2016



Reimbursement Information

Fill out the cover sheet on the back of this page. (PLEASE TYPE.)

Important guidelines:

1. Submit **ALL original, itemized receipts** associated with your business travel including meals. On receipts for shared meals, indicate which items are yours. No alcohol will be reimbursed.
2. Tape your receipts to the fronts of 8½ x 11 sheets of paper. Indicate the date and type of expense for each receipt.
3. No additional charges to your room (phone, Internet, etc.) will be reimbursed.

Our original information about reimbursements:

The *UCLA MCH Partners* will prepay for airfare (preferred unless you can get a better government rate) or reimburse for the following:

- 1) Roundtrip airfare to/from Los Angeles, CA. (baggage fee excluded).
- 2) Shared ground transportation from Los Angeles International Airport (LAX) to the hotel.
- 3) Shared transportation from the hotel to LAX on Friday, March 4. **Flight departures should not be planned before 6:00 PM.**

Note: Parking and ground transportation to and from your home to the airport will not be reimbursed.

- 4) Evening meals not provided during the meetings (up to \$40 per day)
Note: Includes evening meals during your stay in Los Angeles (as early as March 2nd, no later than March 4th). No alcohol will be reimbursed.

The *UCLA MCH Partners* will cover breakfast, lunch, and snacks on both days on a master bill at the hotel.

- 5) Shared accommodations for two nights. (*Please let us know if you need to stay additional nights.*) If you would prefer a single room, we will arrange for one but you will need to pay the single room supplement. Room price for the meeting: \$189 plus tax (single or double). See Travel Form for details.

Mail the cover sheet and original receipts to:

Gloria Greengard
UCLA Fielding School of Public Health
Department of Community Health Sciences
650 Charles E. Young Drive South, 36-071 CHS
Los Angeles, CA 90095-1772

**REIMBURSEMENTS MUST BE
RECEIVED AT UCLA
BY MONDAY, MARCH 21.**

REIMBURSEMENT COVER SHEET

Full name as shown on official ID	
Title	
Agency	
Mailing (home) address to send reimbursement check	
Email	
Daytime telephone number	

Items for Reimbursement

<u>Date</u>	<u>Expense type (airfare, meal, shuttle, etc.)</u>	<u>Dollar amount</u>
Total requested:		