

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

Form and all receipts must be submitted within 60 days of travel

Instructions for this form can be found on the CSS website

Preparer's Name: Phone: Email: Dept.:

PAYEE

Name: Phone: Email: Dept.: City of Res.:

UCB Employee Emp/Stu/Ven ID: Affiliated Professor/Lab: US Citizen/Permanent Resident? Yes No
 UCB Student
 Other

TRIP

Business Purpose (Attach backup, e.g. Agenda, etc.):

Special Circumstances/Personal Time (Date(s), time, location, etc.):

Destination(s):

Depart: Home Date: Time: a.m. p.m.
 Office
 Return: Home Date: Time: a.m. p.m.
 Office

PRIVATE CAR (Mileage)

			License Plate #:	Liability Insurance:	City Registered In:
			<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Date	Drove From	Drove To	Rate	# of Miles	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	00.56	<input type="text"/>	\$ <input type="text"/>

AIR

Airfare:

Charged to Connexus don't add to total, attach itinerary
 Paid personally, enter amount
 Paid other, enter amount

Amount
\$

OTHER TRANSPORT/RENTAL CAR (Shuttle, taxi, bart, rail, rental car, other):

Ground Trans.	Date	From	To	Amount
Shuttle	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Shuttle	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Taxi	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Taxi	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bart	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bart	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bart	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Rental Car
 Economy/Compact
 Intermediate
 Other (Explain)

Explain:
 Rental Car Insurance
 Attach receipts for all rental car expenses
 Insurance is generally not reimbursed

Amount
\$

OTHER EXPENSE

Expense	Amount	Expense	Amount	Expense	Amount	Expense	Amount
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Date	Description	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Conference/Registration Fee: *Attach agenda*

Charged on BluCard *Don't add to total*
 Paid personally Enter amount \$

DAILY EXPENSES

Lodging		Meals & Incidentals (M&IE -Includes tips for porters, hotel maids, etc.)					
Date	Location	Room & Tax	Breakfast	Lunch	Dinner	Incidentals	M & IE Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

ESTIMATED TOTAL EXPENSES \$

Reductions:1. Travel Advance? *Attach original request* Amount -\$

2.Other Reductions? -\$

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED \$

COA

ACCOUNT(OPT)	FUND	DEPT. ID	PROGRAM	CF1	CF2	AMOUNT	OPTIONAL:Accounting Approval <i>(Department specific)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Traveler's Signature: _____ Name: _____ Title: _____ Date: _____

I authorize these expenditures and approve this claim to be submitted for review of University policy compliance.

Authorizer's Signature: _____ Name: _____ Title: _____ Date: _____

Exceptional Signature: _____ Name: _____ Title: _____ Date: _____