

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

Form and all receipts must be submitted within 45 days of travel
 Instructions for this form can be found on the CSS website

If we have questions who should we contact? Payee Preparer Other *If Other, enter Preferred Contact info:*

Preparer's Name: Phone: Name: Phone:

Email: Dept.: Email:

PAYEE

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

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

UCB Student

Other **Note: if first time to receive reimbursement, Synberc will send additional form/s for you to fill out.**

TRIP

Business Purpose:

Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. **Enter meal costs in M&IE section below.**

Destination(s):

Depart:

Home Date: Time:

Office

Return:

Home Date: Time:

Office

PRIVATE CAR (Mileage) - Default rate is 57.5 cents per mile for travel on and after Jan.1, 2015.

Date	Drove From	Drove To	Rate	# of Miles	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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<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
<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"/>

Rental Car

Economy/Compact Intermediate Other (Explain)

Rental Car Insurance

Amount

Explain:

Attach receipts for all rental car expenses.

OTHER EXPENSES

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"/>

Date	Expense 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	Charged to bluCard	Paid Personally	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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"/>
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ESTIMATED TOTAL EXPENSES \$

Reductions (enter negative \$ amounts)

1. Travel advance \$
Attach original request

2. Other reductions \$

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED \$

Chart of Account (COA)

Account	Fund	Dept ID	Program	CF1	CF2	Amount	Optional (Department specific): Chartstring Desc.	Accounting Approval
<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"/>

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.

<i>Traveler's Signature:</i>	<i>Name:</i>	<i>Title:</i>	<i>Date:</i>
<i>Authorizer's Signature</i>	<i>Name:</i>	<i>Title:</i>	<i>Date:</i>
<i>Exceptional Signature:</i>	<i>Name:</i>	<i>Title:</i>	<i>Date:</i>