⚬⚬⚬mcb MCB TRAVEL REIMBURSEMENT REQUEST

All **original** receipts must be provided within **21** days of completion of travel for all costs to be reimbursed.
For security purposes, do **NOT** type SSN or Employee ID on form; enter information after printing.

CONTACT INFORMATION

Payee Name		Professor/Lab	

Address		City/State		Zip	

Email		Phone No.		Employee ID/SSN/EIN	

US Citizen? ☐ Yes ☐ No   If alien, country of residence (please attach copy of Visa and I-94)

TRIP INFORMATION

Trip Purpose	
Depart From		Departure Date & Time	
Destination		Return Date & Time	

EXPENSES (If reporting foreign currency costs below, please identify)

Airfare	$	Boarding pass (stub/ticketless printout) AND itinerary must be provided for airfare expenses. Was CTS used to pay for airfare? ☐ Yes ☐ No	
Ground	$	Please identify method(s). Ex: train/car/rental/shuttle/taxi	
Private Car	$	Please provide total mileage _____miles x 55 cents/mile (effective 1/1/2009) Old rate: 58.5 cents/mile (valid through 12/31/2008)	Does vehicle have liability insurance? ☐Yes ☐No
Miscellaneous	$	☐Parking ☐Registration Fees ☐Other (please explain):	

DAILY EXPENSES

Fill in daily expenses in table below.

Original receipts must be provided for costs listed below. Lodging invoices must show a zero balance or be marked paid in full (failure to provide a zero-balance hotel statement will result in delayed processing).

Maximum Meal Allowances for Domestic Travel:
  Travel less than 24 hours = $0 (effective 9/1/2008, meals and incidentals will <u>not</u> be reimbursed unless the trip includes an "overnight stay" as supported by a lodging receipt)
  Travel more than 24 hours but less than 30 days = up to $64/day
See http://www.ucop.edu/ucophome/policies/bfb/g28.html for more details about policy and regulations governing travel.
Maximum Meal & Lodging Allowances for Foreign Travel vary from region to region; rates are determined by the U.S. State Department. University policy prohibits reimbursements over established per diem rates. See http://travel.berkeley.edu/MealsLodging/PerDiemRatesForeign.htm ; this information will help you plan your trip and ensure full expense reimbursement.

DATE						
Breakfast						
Lunch						
Dinner						
Incidentals						
Lodging						
SUBTOTAL						

TOTAL REIMBURSEMENT AMOUNT $

GRANT OR FUND TO BE CHARGED

Account	Fund	Org	Program	Project	Flex	$ Amount

Certification by Traveler
  I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached **original** receipts for each expense as required by University and departmental policy.

Traveler's Signature / Date	X
PI or Dept Approval Signature / Date (per Section IV.G-28 of UC Travel Policy, this may NOT be signed by traveler or subordinate of traveler)	X
Accountant Signature / Date	X