

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

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

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

PAYEE	Name: _____		Phone: _____		Email: _____		City of Res.: _____	
	<input type="checkbox"/> UCB Employee <input type="checkbox"/> UCB Student <input type="checkbox"/> Other Emp/Stu/Ven ID: _____ <small>If not currently a vendor, you will be contacted by CSS for more information</small>		<input type="checkbox"/> Affiliated Professor/Lab: _____ US Citizen/Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Optional (Department specific) If no, you will be contacted by CSS for more information (Passport, I-94, UC-W-8BEN, COAA)</small>					
TRIP	Business Purpose: _____							
	Special Circumstances/Personal Time: _____							
	Destination(s): _____							
	Depart: <input type="checkbox"/> Home <input type="checkbox"/> Office		Date: _____		Time: _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Return: <input type="checkbox"/> Home <input type="checkbox"/> Office		Date: _____		Time: _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

PRIVATE CAR	<input type="checkbox"/> Personal Automobile Used? License Plate #: _____ Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No City Registered In: _____ <small>Must attach mapquest of trip</small>								
	Date		Drove From <small>(if home only enter city)</small>		Drove To <small>(if home only enter city)</small>		Enter Rate <small>(Standard is 0.565)</small>	# of Miles	Amount
<input type="checkbox"/> A.Submitting Supplemental Form Section A:Private Car Mileage, attach & enter total here:					Sub-Total Private Car:				

OTHER TRANSPORT	Ground Trans.	Date	From		To		Amount	
<input type="checkbox"/> B.Submitting Supplemental Form Section B:Ground Transport, attach & enter total here:					Sub-Total Ground Transportation:			
<input type="checkbox"/> Rental Car _____ Explain: _____ <input type="checkbox"/> Insurance <small>Insurance is generally not reimbursed</small>	<small>Must attach invoice showing proof of payment, w/ zero balance</small> Amount							

MISC. EXPENSE								Amount
Conference/Registration Fee: Must attach agenda <input type="checkbox"/> Charged on BluCard <small>Don't add to total</small> <input type="checkbox"/> Paid personally <small>Enter amount here:</small>								Amount
<input type="checkbox"/> C.Submitting Supplemental Form Section C: Miscellaneous, attach & enter total here:					Sub-Total Misc. Expenses:			

AIR	Airfare: _____	Explanation: _____			Direct Bill ID #: _____		Amount to be Reimb.	
	<small>Please attach itinerary, showing proof of payment</small>							

DAILY EXPENSES	Lodging			Meals & Incidentals <small>(Includes taxis to restaurants, tips for porters, etc.)</small>				Amount
	Date	Location	Room & Tax	Breakfast	Lunch	Dinner	Incidentals	
	Total Lodging:			Total Meals & Incidental Expenses:				
<input type="checkbox"/> D.Submitting Supplemental Form Section D: Lodging & Meals, attach & enter total here:					Sub-Total Daily Expenses:			

ESTIMATED TOTAL EXPENSES:							
Reductions:	1. Travel Advance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	2. Other Reductions?		Amount	Amount to Reduce
	<small>Attach original request</small>						

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED:							
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COA	ACCOUNT (OPT)	FUND	DEPT. ID	PROGRAM	CF1	CF2	AMOUNT	<small>OPTIONAL: Accounting Approval (Department specific)</small>
	<input type="checkbox"/> E.Submitting Supplemental Form Section E: Additional COA, attach form.							

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

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM Supplemental Form Section A: Private Car Milage Form

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Check box if automotive information is the same as the cover sheet
 Personal Automobile Used? License Plate #: _____ Liability Insurance: Yes No City: _____

Must attach mapquest of trip

Date	Drove From <small>(if home only enter city)</small>	Drove To <small>(if home only enter city)</small>	Enter Rate <small>(Standard is 0.565)</small>	# of Miles	Amount

TOTAL (Add this total to cover page Section A)

Supplemental Form Section B: Ground Transportation Form

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Type of Trans.	Date	From	To	Amount

TOTAL (Add this total to cover page Section B)

**DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM
Supplemental Form Section C: Miscellaneous Expenses Form**

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Date	Description	Amount
TOTAL (Add this total to cover page Section C)		

Supplemental Form Section D: Lodging & Meals Form

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Lodging			Meals & Incidentals <small>(Including taxis to restaurants, tips for porters, etc.)</small>				
Date	Location	Room & Tax	Breakfast	Lunch	Dinner	Incidentals	Amount
Total Lodging:			Total Meals & Incidental Expenses:				
TOTAL (Add this total to cover page Section D)							

Supplemental Form Section E: Additional COA Form

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ACCOUNT (OPT)	FUND	DEPT. ID	PROGRAM	CF1	CF2	AMOUNT	<i>OPTIONAL: Accounting Approval (Department specific)</i>

On cover page, Section E, check box to note additional COA's & attach form