Berkeley Campus Shared Services

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

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

Instructions

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

PAYEE

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

UCB Employee   UCB Student   Other   Emp/Stu/Ven ID: _____   *If not currently a vendor, you will be contacted by CSS for more information*

Affiliated Professor/Lab: _____   US Citizen/Permanent Resident?   Yes   No
Optional (Department specific)   *If no, you will be contacted by CSS for more information (Passport, I-94, UC-W-8BEN, COAA)*

TRIP

Business Purpose: _____
_____

Special Circumstances/Personal Time: _____

Destination(s): _____

Depart:	Home	Office	Date: [_____]	Time: [_____]	a.m. p.m.
Return:	Home	Office	Date: [_____]	Time: [_____]	a.m. p.m.

PRIVATE CAR

Personal Automobile Used?   License Plate #: _____   Liability Insurance: Yes   No   City Registered In: _____
Must attach mapquest of trip

Date	Drove From (If home only enter city)	Drove To (If home only enter city)	Enter Rate (Standard is 0.565)	# of Miles	Amount
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
B.Submitting Supplemental Form Section B:Ground Transport, attach & enter total here:			Sub-Total Ground Transportation:	

Rental Car	Explain: _____	Insurance *Insurance is generally not reimbursed*	Amount
Must attach invoice showing proof of payment, w/ zero blance			

MISC. EXPENSE

	Amount
Conference/Registration Fee: **Must attach agenda** Charged on BluCard *Don't add to total* Paid personally *Enter amount here:*	
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.
Please attach itinerary, showing proof of payment

DAILY EXPENSES

Lodging   Meals & Incidentals *(Includes taxis to restaurants, tips for porters, etc.)*

Date	Location	Room & Tax	Breakfast	Lunch	Dinner	Incidentals	Amount
	Total Lodging:		Total Meals & Incidental Expenses:				
D.Submitting Supplemental Form Section D: Lodging & Meals, attach & enter total here:					Sub-Total Daily Expenses:		

ESTIMATED TOTAL EXPENSES:

Reductions:	1. Travel Advance? *Attach original request*	Yes No	Amount	2. Other Reductions?	Amount	Amount to Reduce

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED:

COA

ACCOUNT (OPT)	FUND	DEPT. ID	PROGRAM	CF1	CF2	AMOUNT	*OPTIONAL: Accounting Approval (Department specific)*
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 (if home only enter city)	Drove To (if home only enter city)	Enter Rate (Standard is 0.565)	# of Miles	Amount
			TOTAL (Add this total to cover page Section A)		

Supplemental Form Section B: Ground Transportation Form
Form and all receipts must be submitted within 60 days of travel

Type of Trans.	Date	From	To	Amount
			TOTAL (Add this total to cover page Section B)	

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Supplemental Form Section C: Miscellaneous Expenses Form

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

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

Supplemental Form Section D: Lodging & Meals Form

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

Lodging			Meals & Incidentals	(Including taxis to restaurants, tips for porters, etc.)			
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

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

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

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