



# DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

Form and all receipts must be submitted within 45 days of travel

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

**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 58.5 cents per mile for travel on and after Jan.1, 2022**

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"/>
<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"/>

**AIR**

**Airfare:**

Charged to ConnexUC 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, ride share, 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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Rental Car**

Economy/Compact Rental Car Insurance Amount

Intermediate Explain:

Other (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 \$

**DAILY EXPENSES** Daily Meal & Incidental (M&IE) limits for domestic trips under 30 days is \$62.00 without exception; international limits vary by location  
Daily Lodging limits for domestic trips under 30 days is \$275.00 room rate, excluding taxes and fees

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"/>
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<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** (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
<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"/>

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"/>

**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:* \_\_\_\_\_

*Exceptional Signature:* \_\_\_\_\_ *Name:* \_\_\_\_\_ *Title:* \_\_\_\_\_ *Date:* \_\_\_\_\_