

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 58.0 cents per mile for travel on and after Jan.1, 2019

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 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 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 Effective October 15, 2017: Daily Meal & Incidental (M&IE) limits for domestic trips under 30 days is \$62.00 without exception.
Effective October 15, 2017: 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"/>
<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"/>

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: