

INTERNATIONAL TRAVEL REIMBURSEMENT REQUEST

FORM AND RECEIPTS FOR ALL EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS OF TRAVEL

Date: 4/23/15 Dept: ISSA Preparer: Elizabeth LaVarge-Baptista

PAYEE	<input type="checkbox"/> UC Employee <input type="checkbox"/> Student <input type="checkbox"/> Vendor <input type="checkbox"/> Other: _____
	Name: <u>YOUR NAME</u> Emp/Stu/Ven ID: _____
	Address: <u>LEAVE BLANK</u> City/ST/Zip: <u>LEAVE BLANK</u>
	E-Mail: <u>YOUR @berkeley.edu EMAIL</u> Phone: <u>LEAVE BLANK</u>
	US Citizen/Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you will be contacted by CSS for more info. e.g. Passport, I-94,UC-W-8BEN,COAA)</i>

TRIP	Business Purpose (state date(s), location(s) and reason(s): <u>REASON FOR TRAVELLING. PUT DATES/TIMES HERE.</u>
	Special Circumstances/Personal Time (state location & duration): <u>LEAVE BLANK UNLESS ANY PART OF THE TRIP WAS PERSONAL. DO NOT PUT DATES/TIMES OF TRAVEL HERE!</u>

TRAVEL EXPENSES	Air Fare: Seeking Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No Air Fare Amount: <u>\$ 1,234.56</u> Direct Bill? <input type="checkbox"/> Yes (Attach Connexus Itinerary) <input type="checkbox"/> No (Attach Itinerary & Proof of Payment) Personal Car: (Standard Mileage Rate is 56 cents per mile for travel in 2014, and 57.5 cents for travel on or after January 1, 2015)																																				
	<table border="1"> <thead> <tr> <th>Date</th> <th>Drove From Address</th> <th>Drove To Address</th> <th>Rate</th> <th>Miles</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0.00</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0.00</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0.00</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0.00</td></tr> <tr> <td colspan="5" style="text-align: right;">TOTALS</td> <td>0.00</td> </tr> </tbody> </table>	Date	Drove From Address	Drove To Address	Rate	Miles	Amount						0.00						0.00						0.00						0.00	TOTALS					0.00
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	Rental Car: <input type="checkbox"/> Economy/Compact/Intermediate <input type="checkbox"/> Other Size Reason for "Other Size" Car: _____ Car Rental Amount: _____																																				
	Transportation & Other Misc. Expenses: Taxi _____ Shuttle _____ Bus _____ Gas _____ Other _____ Toll _____ Parking _____ Baggage _____ Other _____ Other _____ Phone _____ Internet _____ BART/Rail _____ Tips _____ Tips _____ (non meal) (non meal)																																				
Conference/Registration Fee: Seeking Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No Paid on bluCard? <input type="checkbox"/> Yes <input type="checkbox"/> No Conference/Registration Fee Amount: _____ (*If paid on bluCard, do not enter amount*)																																					
TOTAL TRAVEL EXPENSES: \$1,234.56																																					

*** If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses ***

DAILY EXPENSES	Requesting: <input type="checkbox"/> Per Diem <input type="checkbox"/> Actual Expenses Currency _____																																																																
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-If your trip was 30 days or fewer, check Actual Expenses (not Per Diem). -If your trip was 5 days or more, use a range of dates or attach an additional section or spreadsheet. -Complete this section online to calculate totals.																																																																	

T	Travel Advance? <input type="checkbox"/> Yes Travel Advance Amt: _____	ESTIMATED REIMBURSEMENT: \$ 1,234.56
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COA	Account	Amount	CE 1	CE 2	\$ Amount	Accounting Approval (Dept Specific) Funds to be charged, if known.
	-Leave this section blank for Elizabeth to complete.					

CERTIFICATION	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 policy.	
	Traveler Name and Title: <u>YOUR NAME</u>	Date: <u>4/23/15</u>
	Traveler Signature: _____	Date: <u>4/23/15</u>
	Authorizing Name and Title: <u>YOUR DEPARTMENT CHAIR'S NAME</u>	Date: <u>4/23/15</u>