

Date: 5/1/2016

Preparer: Christine O'Connell

Dept.: ESPM

If we have questions, who should we contact? Payee: ☒ Preparer: ☐ Other: ☐

Preferred Contact Info. (if not Payee): Name: _____ Email: _____ Phone: _____

PAYEE	Name: Christine O'Connell	UC Employee: <input checked="" type="checkbox"/> Student: <input type="checkbox"/> Vendor: <input type="checkbox"/> Other: <input type="checkbox"/> Emp/Stu/Vend.ID: 012840622	Org.Node: MCESP
	Email: coconn@berkeley.edu	Phone: 240-888-4189	Address: 1529 Woolsey St., Berkeley, CA 94703
	US Citizen/Permanent Resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, you will be contacted by CSS for more info. e.g. Passport, I-94, UC-W8-BEN, COAA		

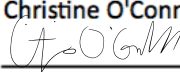
TRIP	Business Purpose: State date(s), location(s) and reason(s): Travel from Berkeley, CA to Luquillo, Puerto Rico, for ecological field research. Specifically, was meeting a colleague in the field in order to facilitate the repair of a key instrument.
	Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. Enter meal costs in M&IE section blw. N/A

TRANSPORTATION & MISC. EXPENSES	Air Fare: Seeking Reimbursement? No <input type="checkbox"/> Direct Bill? Yes <input type="checkbox"/> (If Direct Bill attach Connexus Itinerary) Yes <input checked="" type="checkbox"/> Attach Itinerary & Proof of Payment Airfare Amount: 676.80																																				
	Personal Car: Standard Mileage Rate is 54.0 cents for travel on or after January 1, 2016																																				
	<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">Total Mileage Amount:</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	Total Mileage Amount:					\$0.00
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	Rental Car: Economy/Compact/Intermediate <input type="checkbox"/> Other Size <input type="checkbox"/> Reason for "Other Size" Car: _____ Car Rental Amount: _____																																				
Transportation & Other Misc. Expenses:																																					
Gas _____ Parking _____ Taxi _____ Shuttle 36.07 Baggage _____ Phone _____ Tips _____ Other _____																																					
Toll _____ BART/Rail _____ Taxi _____ Shuttle 37.69 Other _____ Internet _____ Tips _____ Other _____ (non meal)																																					
Conference/Registration Fee: Seeking Reimbursement? No <input type="checkbox"/> Yes <input type="checkbox"/> Conference/Registration Fee Amount: _____ Paid on Blue Card? No <input type="checkbox"/> Yes <input type="checkbox"/> *(If paid on blueCard, do not enter amount)																																					
Optional Notes/Comments: _____																																					
TOTAL TRANSPORTATION & MISC. EXPENSES: 750.56																																					

LODGING, M&IE EXPENSES	Lodging, Meals & Incidental (M&IE): Travelers should only claim Actual Expenses up to Federal Per Diem Rate for the locality of travel. If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses.																																																																																								
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T	Travel Advance? Yes <input type="checkbox"/> Travel Advance Amt: Enter (-) amt: _____	ESTIMATED REIMBURSEMENT: 818.56
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COA	<table border="1"><thead><tr><th>Account</th><th>Fund</th><th>Dept</th><th>Program</th><th>CF 1</th><th>CF 2</th><th>\$ Amount</th></tr></thead><tbody><tr><td></td><td>31931</td><td>13524</td><td>44</td><td></td><td>MCWLS</td><td>818.56</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount		31931	13524	44		MCWLS	818.56								Optional: Chartstring Description Accounting Approval (Dept Specific)
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		31931	13524	44		MCWLS	818.56																

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:	Christine O'Connell, Postdoctoral Researcher
	Traveler Signature:	
	Authorizing Name and Title:	_____
	Authorizing Signature:	_____
		Date: 5/1/2016
		Date: _____