

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	

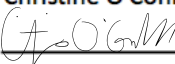
TRIP	Business Purpose: State date(s), location(s) and reason(s): Travel from St. Paul, MN to Luquillo, Puerto Rico to Berkeley for field ecological research. Specifically, travel was to facilitate the installation of new field equipment.
	Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. Enter meal costs in M&IE section blw. I was in Minneapolis/St. Paul prior to the trip on personal time (weekend), hence why the travel begins in St. Paul, MN and not Berkeley, CA. I priced out the trickets and this itinerary was less expensive than a California-Puerto Rico round trip.

TRANSPORTATION & MISC. EXPENSES	Air Fare: Seeking Reimbursement? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Direct Bill? Yes <input checked="" type="checkbox"/> (If Direct Bill attach Connexus Itinerary) Attatch Itinerary & Proof of Payment	Airfare Amount: 349.90																														
	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></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 checked="" type="checkbox"/> Other Size <input type="checkbox"/> Reason for "Other Size" Car: _____	Car Rental Amount: 282.4																														
	Transportation & Other Misc. Expenses:																															
Gas _____ Parking _____ Taxi _____ Shuttle 18.80 Baggage 50 Phone _____ Tips _____ Other _____																																
Toll _____ BART/Rail _____ Taxi _____ Shuttle 54.97 Other _____ Internet _____ Tips _____ Other _____																																
Conference/Registration Fee: Seeking Reimbursement? No <input type="checkbox"/> Yes <input type="checkbox"/> Paid on Blue Card? No <input type="checkbox"/> Yes <input type="checkbox"/> * (If paid on bluCard, do not enter amount)	Conference/Registration Fee Amount: _____																															
Optional Notes/Comments: _____																																
TOTAL TRANSPORTATION & MISC. EXPENSES: 406.17																																

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.																																																																
	<table border="1"><thead><tr><th>Dates</th><th>Location</th><th>Currency</th><th>Lodging</th><th>Breakfast</th><th>Lunch</th><th>Dinner</th><th>Light Ref</th><th>M&IE Totals</th></tr></thead><tbody><tr><td></td><td></td><td></td><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></td><td></td><td></td><td>0.00</td></tr><tr><td></td><td></td><td></td><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></td><td></td><td></td><td>0.00</td></tr><tr><td></td><td></td><td></td><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></td><td></td><td></td><td>0.00</td></tr></tbody></table>	Dates	Location	Currency	Lodging	Breakfast	Lunch	Dinner	Light Ref	M&IE Totals									0.00									0.00									0.00									0.00									0.00									0.00	
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Optional Notes: _____			LODGING & M&IE TOTAL:				\$0.00																																																										

T	Travel Advance? Yes <input type="checkbox"/> Travel Advance Amt: Enter (-) amt: _____	ESTIMATED REIMBURSEMENT: 406.17
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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>406.17</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	406.17								Optional: Chartstring Description _____ Accounting Approval (Dept Specific) _____
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		31931	13524	44		MCWLS	406.17																

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: 	Date: 5/1/2016
	Authorizing Name and Title: _____ Authorizing Signature: _____	Date: _____