## Berkeley Campus Shared Services INTERNATIONAL TRAVEL REIMBURSEMENT CLAIM FORM

Form and receipts must be submitted within 45 days of expenditure Date: Preparer: Dept.: If we have questions, who should we contact? Payee: Preparer: Other: Preferred Contact Info. (if not Payee): Name: Email: Phone: Vendor: Other: Emp/Stu/Vend.ID: Org.Node: Name: UC Employee: Student: PAYEE **MCESP** Email: Phone: Address: If no, you will be contacted by CSS for more info. e.g. Passport, I-94,UC-W8-BEN,COAA No US Citizen/Permanent Resident? Yes **Business Purpose:** State date(s), location(s) and reason(s): Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business TRIP purpose, guest names & their affiliation. Enter meal costs in M&IE section blw. Air Fare: Seeking Reimbursment? No Direct Bill? Yes (If Direct Bill attatch Connexxus Itinerary) Yes Attatch Itinerary & Proof of Payment Airfare Amount: Personal Car: Standard Mileage Rate is 54.0 cents for travel on or after January 1, 2016 Drove From Address Drove To Address Rate Miles Amount Date EXPENSES TRANSPORTATION & MISC. **Total Mileage Amount:** Rental Car: Economy/Compact/Intermediate Other Size Car Rental Amount: Reason for "Other Size" Car: Transportation & Other Misc. Expenses: Taxi Baggage Other Gas Parking Shuttle Phone Tips Toll BART/Rail Taxi Shuttle Other Internet Tips Other (non meal) Conference/Registration Fee: Seeking Reimbursment? No Yes Conference/Registration Fee Amount: Paid on Blue Card?\* Yes \*(If paid on bluCard, do not enter amount) Optional Notes/Comments: TOTAL TRANSPORTATION & MISC. EXPENSES: Lodging, Meals & Incidental (M&IE): Travelers should only claim Actual Expenses up to Federal Per Diem Rate for the locality of travel. LODGING, M&IE EXPENSES If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses Currency Lodging Breakfast Dinner Light Ref Dates Location Lunch M&IE Totals **M&IE TOTAL:** LODGING TOTAL: LODGING & M&IE TOTAL: Optional Notes: Travel Advance? Yes Travel Advance Amt: Enter (-) amt: ESTIMATED REIMBURSMENT: Optional: Chartstring Description CF 1 CF 2 Account Fund Dept Program \$ Amount COA Accounting Approval (Dept Specific) 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. CERTIFICATION Traveler Name and Title: Traveler Signature: Date: Authorizing Name and Title: Authorizing Signature: Date: