Berkeley Campus Shared Services Form and receipts must be submitted within 45 days of expenditure Date:

Prepa	rer: 4/5/2017	Dept.:	Dept.:		If we have questions, who should we contact? Payee:					Preparer: Other:		
Prefer	rred Contact Info. (if not Paye	e): Name:		Email:					Phone:			
PAYEE	Name: Email:		Employee: Phone:	Student:	Vendor: Ot Address:	her: Emp/	Stu/Vend.ID:		Org.Node:	MCESP		
PA	US Citizen/Permanent Resider		No			by CSS for m	iore info. e.g. P	assport I-9	4,UC-W8-BEN,	COAA		
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TRIP	Business Purpose: State dated Details for any Personal Time purpose, guest names & their a	e, Entertainn	nent or Spe	ecial Circum		late(s), locatio	n(s). For entert	ainment, al	so include busino	ess		
	Air Fare: Seeking Reimbursment? No Direct Bill? Yes (If Direct Bill attatch Connexxus Itinerary) Yes Attatch Itinerary & Proof of Payment Airfare Amount:											
TRANSPORTATION & MISC. EXPENSES	Personal Car: Standard Mil  Date Drove F	eage Rate is 5 From Address	4.0 cents fo		after January 1, ove To Address	2016	Rate	Miles	Amount	_		
	Date Drove F	TOIII Address		Dit	ove 10 Address		Rate	ivilles	Amount			
										_		
	Pental Care Essay / Co	Post 1 Company (In the Control of Mileage Amount:										
	Rental Car: Economy/Compact/Intermediate Other Size  Reason for "Other Size" Car:  Car Rental Amount:											
	Transportation & Other Misc. Expenses:											
	Gas Parking	Taxi	S	huttle	Baggage	Phone	e Ti	ps	Other			
	Toll BART/Rail	Taxi	S	huttle	Other	Interne		ps on meal)	Other			
Ħ	Conference/Registration Fee: Seeking Reimbursment? No Yes Conference/Registration Fee Amount:											
	Paid on Blue Card?* No Yes *(If paid on bluCard, do not enter amount)											
	Optional Notes/Comments:  TOTAL TRANSPORTATION & MISC. EXPENSES:											
ES	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.											
LODGING, M&IE EXPENSES	Dates Locati		Currency	Lodging	Breakfast	Lunch		Light Ref	M&IE Totals	;		
EXF										_		
18/E										_		
۱Ġ, ۱										_		
DGII												
2	LODGING TOTAL: M&IE TOTAL:											
	Optional Notes:					LODG	ING & M&II	E TOTAL:		<u> </u>		
<b>⊢</b>	Travel Advance? Yes Travel Advance Amt: Enter (-) amt: ESTIMATED REIMBURSMENT:											
COA	Account Fund	Dept	I	Program	CF 1	CF 2	\$ Amount	Optiona	ll: Chartstring Desc	cription		
								Account	ing Approval (Dept	Specific)		
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:  Traveler Signature:											
ERTI	Authorizing Name and Title:							Date:				
O	Authorizing Signature:							Date:				
		_						Date.				