



FINANCIAL CLUSTER (ME/NE/IEOR) FOREIGN TRAVEL REIMBURSEMENT REQUEST

Effective January 1, 2014, Travelers should only claim ACTUAL travel expenses (e.g. subsistence & lodging) up to the per diem rate

This form is for the reimbursement of travel *outside* the Continental United States.

Please select one: **IEOR Dept** **CET/IEOR**

Last Name, First: _____ EID or SID #: _____

Work Phone: _____ E-Mail Address: _____

City & State of Residence: _____

US Citizen? Yes No *All **Non-UC Employees/Students** that are **Non-US Citizens** must attach a copy of their visa, passport, I-94, UCB W-8BEN (<http://www.ucop.edu/financial-accounting/files/taxation/w8ben.pdf>), and a Certificate of Academic Activity (<http://ucop.edu/financial-accounting/files/taxation/coaa.pdf>). U.S. Permanent Residents must provide a copy of their Permanent Resident Card.

Trip Purpose:				
Trip Destination (City, Country)	Arrival Date	Arrival Time	Return Date	Return Time

Airfare: _____ - Charged to CTS: _____ = Amount to Reimburse: _____ Baggage Fees: _____
 Rental Car: _____ Rental Gas: _____ Parking: _____ Tolls: _____
 BART: _____ Shuttle: _____ Taxi/Cab: _____ Rail/Train: _____
 Private Car Mileage: _____ = _____ Does vehicle have liability insurance? Yes No License Plate: _____
 From: _____ To: _____ From: _____ To: _____
 Other: _____ Description: _____ **Total Transportation Expenses:** _____

MISCELLANEOUS EXPENSES

Registration Fees: _____ Membership Fees: _____ Phone/Internet: _____ Fax/Copies/Supplies: _____
 Other: _____ Description: _____ **Total Miscellaneous Expenses:** _____

DAILY EXPENSES: (i.e. tips, laundry, porter)

Please check one: Meals/Incidentals Actual Per Diem **Please check one:** Lodging Actual Per Diem
 Was there any alcohol consumption claimed as part of your meal expenses for the trip? No Yes

Date:							
Breakfast:							
Lunch:							
Dinner:							
Incidentals:							
Total:							
Lodging:							
Total Amount Requested:					Total Daily Expenses:		

Partial expense paid by others? No Yes Pls. Explain: _____

Account	Fund	Org ID	Program	Project	Flexfield	Amount

I hereby 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 as required by University and Departmental policy.

Traveler Signature

Date (mm/dd/yy)

Approval Signature

Date (mm/dd/yy)