



FINANCIAL CLUSTER (ME/NE/IEOR) LOCAL AND DOMESTIC TRAVEL REIMBURSEMENT REQUEST

Please submit reimbursement request electronically via ERSO's intranet system at www.erso.berkeley.edu

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

Please select one: IEOB Dept CET/IEOB

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, State)	Departure Date	Departure 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: _____ @ .54¢ = _____ 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): All inclusive daily total allowance max. \$74

Was there any alcohol consumption claimed as part of your meal expenses for the trip? Yes No

Date:							
Breakfast:							
Lunch:							
Dinner:							
Incidentals:							
Lodging:							
Daily Total:							

Total Daily Expenses: _____ Partial expense paid by others? If Yes, explain: _____

Total Amount Requested: _____

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)

Approver's Printed Name and Signature

Date (mm/dd/yy)