



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. \$74,000 (prior 1/1/16 \$71.00)

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)

Approver's Printed Name and Signature

Date (mm/dd/yy)