

INTERNATIONAL TRAVEL EXPENSE REIMBURSEMENT CLAIM

Astronomy/Radio Astronomy/CIPS/TAC

601 Campbell Hall

Berkeley, CA 94720-3411

Traveler's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ UCB Emp/Student? Yes  ID#: \_\_\_\_\_

**Non UCB employees/Non UCB Students must provide the following:**

Social Security/ITIN #: \_\_\_\_\_

Home address: \_\_\_\_\_

US Citizen? Yes  No  If no, Country: \_\_\_\_\_ Visa Status \_\_\_\_\_

Permanent Resident? Yes

**(Please see administrator for Non-Citizen forms)**

If different than home address:

Mailing address for reimbursement: \_\_\_\_\_

Complete if private car was used and mileage being claimed:

License Plate #: \_\_\_\_\_ City of Residence: \_\_\_\_\_

Liability Insurance? Yes

Purpose of trip: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

When did traveler arrive at above destination? Date: \_\_\_\_\_ Time: \_\_\_\_\_

When did traveler leave above destination? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Partial expense paid by others? Explain \_\_\_\_\_

Personal Business? Explain \_\_\_\_\_

*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 attached original receipts for each expense of \$75 or more, as required by University policy.*

\_\_\_\_\_  
Traveler's Signature Date Total:

\_\_\_\_\_  
PI or Authorized Signature Date \$

***Fund to be charged***

<b><i>FUND</i></b>	<b><i>ORG</i></b>	<b><i>PROJ</i></b>	<b><i>FLEX</i></b>	<b><i>FUND NAME</i></b>