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 Type:_____

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 leave home or office? Date: _____ Time:_____

When did traveler return to home or office? 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.

_____ *Total:*

Traveler's Signature Date

_____ $_____

PI or Authorized Signature Date

Fund to be charged				
FUND	***ORG***	***PROJ***	***FLEX***	***FUND NAME***