

DOMESTIC 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.

Traveler's Signature Date Total:

PI or Authorized Signature Date \$

<i>Fund to be charged</i>				
<i>FUND</i>	<i>ORG</i>	<i>PROJ</i>	<i>FLEX</i>	<i>FUND NAME</i>
				<i>NSF</i>