

# RES Domestic Reimbursement (48 States - Continental USA)

Ref# \_\_\_\_\_

**(1) TRAVELER INFORMATION**

Traveler's Name:	Home Phone No.:	
E-mail:	Work Phone No.:	
City of Residence:	* US Citizen: Y / N	Answer Y or N
UCB Employee No.:	UC Berkeley Student ID:	

\* Non UCB Employee Must Provide Home Address & SSN:

**\* All Non US citizens if Non UCB Employees must attach a copy of their visa, passport, I-94 and fill out a UCB W-8BEN. May also need a Certificate of Academic Activity, review per case.\***

**(2) Trip Purpose:**

**(3) Trip Destination:**

When did the traveler leave home or office?	Date		Time	
When did the traveler return to home or office?	Date		Time	

**LOCATION EXPENSE: (4) Transportation**

Airfare: \$	Amt. Paid by CTS: \$	Amt. Paid directly by the traveler: \$	
If using Private Car: Liability Insurance? Y / N		check one License Plate No.:	Total miles: \$ 0
From	To	From	To
If using Rental Car: \$		Gas: \$	
Parking: \$		Tolls: \$	

**Ground Transportation (BART, Buses, Rail, Shuttle, Taxi, etc. Please describe & quantify. Example: BART \$ 6.20)**

Example BART	\$ 6.20	\$	\$	\$
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**(5) Miscellaneous Expenses while traveling**

Registration Fees: \$	Fax, Copies, Supplies, etc. (Please describe & quantify)
Telephone: Business \$ Personal \$	Example Fax \$ 3.00 \$

**DAILY EXPENSES: (6) Meals and Incidentals (i.e., tips, laundry, porter.) All inclusive total daily allowance total exp. \$64.00**

Date:	/	/	/	/	/	/	/	/	/
Breakfast:	\$	-							
Lunch:	\$	-							
Dinner:	\$	-							
Incidentals:									
<b>(6) Total :</b>	\$	-	\$	-	\$	-	\$	-	\$

**(7) Lodging**

<b>Totals from Page 2:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Account	Fund	Org	Prog	Project	Flexfield	Amount

**This form is used to key in paper submission of travel reimbursement requests to the UCB online system. The traveler's signature certification serves as the equivalent to the online signature requirement. For easy reference, please note total pages(\*) of receipts included: \_\_\_ (\*) UCB mandates all original receipts taped onto 8 1/2 x 11 sheet(s) for subsequent microfiche storage purpose.**

**Total submitted** \$ - (Auto Calculation)

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

As the online preparer, I certify that I have input the data as submitted and approved by the approver  
Online preparer name (print)

Traveler's Name(print) \_\_\_\_\_  
Traveler's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Date \_\_\_\_\_

Online preparer signature \_\_\_\_\_  
Online completion date: \_\_\_/\_\_\_/\_\_\_