

UC BERKELEY INTEGRATIVE BIOLOGY CAMPUS VISIT TRAVEL REIMBURSEMENT REQUEST

PLEASE TYPE or PRINT -Original Receipts must be provided within **10** days of completion of travel for all costs to be reimbursed

CONTACT INFORMATION			
Last Name	First Name	MI	Country
Address where check is to be mailed-Must be good up to 4 months from date of submission.			
Address			
Email		Phone No.	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:		
If Alien, country of residence (please attach a copy of Visa, I-94, UC W-8BEN, & COAA)			
TRIP INFORMATION			
Depart From		Departure Date & Time	
Destination		Return Date & Time	
EXPENSES			
Airfare	\$	Proof of payment and travel itinerary must be provided for airfare expenses.	
Ground	\$	Please identify method (Train/Car Rental/Shuttle/Taxi)	
Private Car	\$	Please provide total mileage: _____ [55.5 cents/mile-effective 7/1/2011] Vehicle license#: _____ State of registration: _____ Does vehicle have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Schools visited on this trip			
_____ I am only visiting UC Berkeley on this trip			
_____ I am also visiting the following West Coast schools (list schools) _____			
(Shared costs such as airfare will be divided by the number of schools visited)			

INSTRUCTIONS: The Department will reimburse itemized travel expenses incurred in visiting UC Berkeley up to \$350.00 for domestic and \$600.00 international. Originals of receipts must be attached for all expenses. Photocopies of receipts or tickets can be accepted only when the expense is to be split with another West Coast school visited in the same trip.

Non-reimbursable expenses include: meals or snacks, airport transportation to/from another school, parking tickets, hotel costs (unless pre-approved). For personal car use, you will be reimbursed a mileage allowance (do not include gasoline receipts).

Please note: The University's reimbursement process can take up to 90 days after we receive your request so please provide a valid address for the reimbursement check good up to 4 months.

TOTAL TRIP EXPENSES	\$
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Certification by Traveler	
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 as required by University and departmental policy.	
Traveler's Signature	Date:

DO NOT COMPLETE BELOW THIS LINE-Official use only

Grant or Fund to be charged			
Dept Approval Signature (per Section IV.G-28 of UC Travel Policy , this may NOT be signed by traveler or subordinate of traveler) Mei GRIEBENOW, SAO	To be signed and dated		\$
Accountant Signature Michael SCHNEIDER, BSM	x		

RETURN TO: Graduate Affairs Office
University of California at Berkeley- Integrative Biology
299 LSA #3200
Berkeley, CA 94720-3200