Travel Reimbursement Request, Domestic or International - Single Destination

Berkeley CNR

Date:			I	Prepa	rer:	r: Phone:										
PAYE			ATION	N	Email:											
Name:						Department:						Phone:				
Payee	e:			ID:			E	Email:								
City of	Reside	ence:				US Citizen/Perm							ermar	ient Reside	ent? () Yes () No	
TRAV																
Dept I	•	r Des	criptio	on:												
Trave Busin																
Purpo																
Trip D	uratio	on:													e CNR TRAVEL	
Trip D	estina	tion	:							INTERNA	ATIO	NAL - MU	LTIPL	, DOMESTIC E DESTINAT	FIONS Form.	
Begin Ti Destinat										Return Tri	p Dat	te/Time/T	o Loca	tion for DOI	MESTIC Travel OR RNATIONAL Travel:	
Destina	uon Ar			le lor	Fron	i: OH	lome	of aver:	fice		n Dej			$-$ To: \bigcirc	Home \bigcirc Office	
Person	al Ve	hicle	Used:		-	From: OHome Office					To: OHome Office					
Mileage	:		Per M	file R	ate:		Mile	age Ex	pense:		_	Remark	- s:	·		
Rental Vehicle Used:																
How rented: Fleet Card Attach final Enterprise receipt. Do no include expense for reimbursement.																
Opersonal Credit Card Include paid receipt showing zero balance Other Ground Transportation: Remarks/Comments: Remarks/Comments:																
other	JIUU	u II	anspo	lain	JII. r	Veniar K	s/com	ments	•					Kemarks/V	comments:	
Miscel	laneo	us Tr	avel E	xpen	ses:	Co	nfere	nce Re	egistrat	ion: Attac	ch cor	iference in	format	ion and pay	ment confirmation:	
									– paid	istration with:	$\bigcirc bl$	uCard Note: Amou	ınt will l	NOT be reimb	oursed)	
											$\bigcirc Pe$	ersonal C (Note: Amo	redit C	NOT be reimb ard be reimburse	d)	
Airfare Enter D	e Expe	enses Rill ID	: and Ar	noun	t if Char	rged thr	0119h (CONN	EXXUS	• Direct l	Bill T	D:		Am	ount:	
(Note: A	Amount	will NC	T be reir	nburse	d for CO	NNEXX	US char	ges)	Am	: Direct		Iti	nerary l	REQUIRED fo		
Enter A (Note:					-			-	AIII	Juiit		an an	d perso	nal credit card	or both CONNEXXUS d travel charges	
															M&I over \$71 must per diem max.	
	incince	unue	opeen		umstum					Tuvel, uot	unic	int line i ov				
Daily F	Expense of the second s	ses: e	nter: ite	emize	d Meals	/Incide	ntals (M&I)/	Lodging	OR (INT			liem M	&I (PDM&I)) <mark>and</mark> Lodging	
ONLY:		pt Per	Diem F	late _E	ENTER I	Per Diei	mLodg	ing Ra	te:		-	lect pe: ——				
Enter D															Check if Lodging was	
Bfast															at a conference hotel:	
Lunch															NOTE: The T&E system will triple the state dept	
Dinner Incident	olo														per diem lodging rate. Attach conference	
PDM&I	ais														documentation citing	
M&I To	tal														lodging. Reimb Trip Total:	
Lodgin	g															
	0	STRI	NG DI	STR	IBUTI	ONTra	vel Ad	vance	Rec'd? (Yes O	NO AI	mt Rec'd:			Total Travel	
BU	ACCOU			UND		EPT	PGM			CHARTFIE		AMT TO	BE		Expenses to be	
			-				1011					PAID			Reimbursed:	
													1	Assigned:	Remaining:	
"I hereby ce California."		the abo	ove is a tru	ie statei	ment of ex	penses in	curred l	oy me on	official U	niversity busi	iness o	n the dates s	hown, wi	thin the regulat	tions of the University of	
Traveler: Date: Department Approval: Date: Date:												Date:				
Name and Ti		_							Name	and Title:						
Exception Department			-		equired):										Date:	
Name and Ti		accutivt														