

INTERNATIONAL TRAVEL REIMBURSEMENT CLAIM FORM Form and receipts must be submitted within 45 days of expenditure

| Date | : | | | | | | | | | | | | | |
|---------------------------------|--|---|--------------------------|---|--|------------------|-----------------|-------------|----------------|----------------------------|--|--|--|--|
| Preparer: Dept.: | | | | If we have questions, who should we contact? Payee: | | | | | | Preparer: | Other: | | | |
| Prefe | rred Contac | t Info. (if not Payee) | Email: | | | | | | Phone: | | | | | |
| PAYEE | Name:UC Employee:Email:Phone:US Citizen/Permanent Resident?YesNo | | | one: | Student: Vendor: Other: Emp/Stu/Vend.ID: | | | | | D: | Org.Node: | | | |
| TRIP | Business Purpose: State date(s), location(s) and reason(s): Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. Enter meal costs in M&IE section blw. | | | | | | | | | | | | | |
| | Air Fare: Seeking Reimbursment? No Direct Bill? Yes Yes Attatch Itinerary & Proof of Payment Airfare Amount: | | | | | | | | | | | | | |
| TRANSPORTATION & MISC. EXPENSES | Date | Personal Car: Date Drove From Address | | | Drove To Address | | | | Rate | Miles | iles Amount | | | |
| | | | | | | Т | otal Mi | leage A | mount: | | | | | |
| | Reason f | ar: Economy/Comp or "Other Size" Car: tation & Other Mise | Other Size Car Rental Ar | | | | | tal Amount: | : | | | | | |
| | Gas Toll | Toll BART/Rail Taxi | | Sł | nuttle nuttle | Baggage Other | Other Internet | | | Tips Tips (non meal) | Other Other | | | |
| | Conference/Registration Fee: Seeking Reimbursment? No Yes Conference/Registration Fee Amount: Paid on Blue Card?* No Yes Optional Notes/Comments: TOTAL TRANSPORTATION & MISC. EXPENSES: | | | | | | | | | | | | | |
| LODGING, M&IE EXPENSES | Lodging, N | Lodging, Meals & Incidental (M&IE): Travelers should only claim Actual Expenses for the locality of travel. | | | | | | | | | | | | |
| | Dates | Dates Location <u>Curr</u> | | urrency | Lodging | Breakfa | Breakfast Lunch | | Dinner Light R | | M&IE Totals | | | |
| | | | | | | | | | | | | | | |
| | LODGING TOTAL: M&IE T Optional Notes: LODGING & M&IE T | | | | | | | | | LE TOTAL: LE TOTAL: | | | | |
| F | | | el Advance An | nt: Ente | r (-) amt: | | EST | IMATE | D REIMB | URSMENT: | | | | |
| COA | Account Fund | | Dept | ot Program | | CF 1 | CF 1 CF | | \$ Amount | | Optional: Chartstring Description Accounting Approval (Dept Specific) | | | |
| | | | | | | | | | | |] | | | |
| CERTIFICATION | I certify that the above is a true statement, that the expenses claimed were incurred by me on the dates shown, and that I have attached original receipts for each expense as required by Peregrine Treks and Tours Policy. I agree to pay bank service charges from my receivable amount. Traveler Name and Title: Traveler Signature: | | | | | | | | | | | | | |
| | Authoriz | | | | | | Date: | | | | | | | |
| | | Authorizing Signature: | | | | | | | | | Date: | | | |