

## 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:			