Berkeley Regional Services

DOMESTIC TRAVEL REIMBURSEMENT CLAIM FORM

Form and all receipts must be submitted within 45 days of travel.

If we have questions who should we contact? ◉ Payee ○ Preparer ○ Other *If Other, enter Preferred Contact info:*

Preparer's Name: Phone: Name: Phone:

Email: Dept.: Email:

PAYEE

Name: Email: Phone: City of Residence:

○ UCB Student ○ Existing Vendor ○ Other

Student/Vendor ID: Affiliated Professor/Lab: Dept ID:

US Citizen/Permanent Resident? ○ Yes ○ No

TRIP

Business Purpose:

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 below.

Destination(s):

Depart: ○ Home ○ Office Date: Time:

Return: ○ Home ○ Office Date: Time:

PRIVATE CAR (Mileage) - Default rate is .725 cents per mile for travel on or after Jan. 1, 2026

Date	Drove From	Drove To	Rate	# of Miles	Amount
			$0.725		$0.00
			$0.725		$0.00
			$0.725		$0.00
			$0.725		$0.00
			$0.725		$0.00
			$0.725		$0.00

AIR

Airfare: Amount

☐ *Charged to Connexxus; don't add to total, attach itinerary* ☐ *Paid personally, enter amount* ☐ *Paid other, enter amount* $

OTHER TRANSPORT/RENTAL CAR (Shuttle, taxi, bart, rail, rental car, other):

Ground Trans.	Date	From	To	Amount
Select				$
Select				$
Select				$
Select				$
Select				$

Rental Car

○ Economy/Compact ○ Intermediate ○ Other (Explain)

☐ Rental Car Insurance

Explain: Amount $

Attach receipts for all rental car expenses.

OTHER EXPENSES

Expense	Amount	Expense	Amount	Expense	Amount
Select	$	Select	$	Select	$
Select	$	Select	$	Select	$

Date	Expense Description	Amount
		$
		$
		$
		$
		$

Conference/Registration Fee ○ Charged to bluCard ◉ Paid Personally Amount $

DAILY EXPENSES

Effective October 1, 2024: Daily Meal & Incidental (M&IE) limits for domestic trips under 30 days is $92.00 without exception.
Effective January 1, 2024: Daily Lodging limits for domestic trips under 30 days is $333.00 room rate, excluding taxes and fees.

Lodging **Meals & Incidentals** *(M&IE - Includes tips for porters, hotel maids, etc.)*

Date	Location	Room &Tax	Breakfast	Lunch	Dinner	Incidentals	M&IE Amount
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00
		$	$	$	$	$	$ 0.00

ESTIMATED TOTAL EXPENSES $ 0.00

Reductions *(enter negative $ amounts)*

1. Travel advance $
   Attach original request
2. Other reductions $

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED $ 0.00

Accounting Codes (Chartstring)

Account	Fund	Dept ID	Function	CF1	CF2	Amount	Optional *(Department specific)*: Chartstring Desc.	Accounting Approval
XXXXX						$		
XXXXX						$		
XXXXX						$		

CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of $75 or more, as required by University policy.

Traveler's Signature *Name:* *Title:* *Date:*

Department/PI's Signature *Name:* *Title:* *Date:*

Exceptional Approval Signature *Name:* *Title:* *Date:*

Last Revised: 01/31/2026