

2006 DOMESTIC (48 States - Continental USA)

Input for Travel Voucher (Input in shaded areas)

(1) TRAVELER INFORMATION			
Traveler's Name:		Home Phone No.:	
E-mail:		Work Phone No.:	
City of Residence:		* US Citizen: Y / N	Answer Y or N
UCB Employee No.:		UC Berkeley Student ID:	
* Non UCB Employee Must Provide Home Address & SSN:			

*** All Non US citizens if Non UCB Employees must attach a copy of their visa, I-94 and fill out a Statement of Citizenship form.**

(2) Trip Purpose:

(3) Trip Destination:
When did the traveler leave home or office? Date _____ Time _____
When did the traveler return to home or office? Date _____ Time _____

LOCATION EXPENSE:	(4) Transportation
Airfare: \$ _____ Amt. Paid by CTS: \$ _____	Amt. Paid directly by the traveler: \$ _____
If using Private Car: Liability Insurance? Y / N check one	License Plate No.: _____ Total miles: _____ \$ 0
From _____ To _____	From _____ To _____
If using Rental Car: \$ _____	Gas: \$ _____
Parking: \$ _____	Tolls: \$ _____
Ground Transportation (BART, Buses, Rail, Shuttle, Taxi, etc. Please describe & quantify. Example: BART \$ 6.20)	
Example BART \$ 6.20	\$ _____ \$ _____

(5) Miscellaneous Expenses while traveling			
Registration Fees: \$ _____	Fax, Copies, Supplies, etc. (Please describe & quantify)		
Telephone: Business \$ _____ Personal \$ _____	Example Fax \$ 3.00	\$ _____	\$ _____
(Traveler is allowed 1 personal phone call home per day)			

DAILY EXPENSES: (6) Meals and Incidentals (i.e., tips, laundry , porter.) All inclusive total daily allowance total exp. \$50.00

Date:									
Breakfast:									
Lunch:									
Dinner:									
Incidentals:									
(6) Total :	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(7) Lodging
Total lodging: \$ -

Internal Use: To be completed by Grants Administrator						
Account	Fund	Org	Prog	Project	Flexfield	Amount

This form is used to key in paper submission of travel reimbursement requests to the UCB online system. The traveler's signature certification serves as the equivalent to the online signature requirement. For easy reference, please note total pages(*) of receipts included: ____ (*) UCB mandates all original receipts taped onto 8 1/2 x 11 sheet(s) for subsequent microfiche storage purpose.

Total submitted \$ - (Auto Calculation)

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 of \$75 or more, as required by University policy.

Grant Administrator's approval
GA Name: (print) _____

As the online preparer, I certify that I have input the data as submitted and approved by the approver
Online preparer name (print) _____

Traveler's name (print) _____

GA Signature: _____ Online preparer signature _____

Traveler's signature _____

Date: ____/____/____ Date: ____/____/____ Online completion date: ____/____/____

Should the final on line data total differ from the above paper submission due to mathematical errors, I will accept the on line results. Traveler's initials: _____

Please return the form with original receipts to: Caryl Esteves, University of California, Dept. of Physics, 366 LeConte Hall MC 7300, Berkeley, CA 94720