

**Student Organization
 Domestic Travel Reimbursement Expense Form**

INSTRUCTIONS:

1. This form is for Domestic Travel reimbursement requests that include Rideshare purchases to and from student events, mileage, flights and travel expenses while conducting UC Berkeley Business
2. Complete the Student Information section.
3. Include an itemized receipt that displays payment method with the last four digits of the card used. Receipts should be submitted no more than 10 days from purchase date.
4. More information can be found at the link: <https://www.law.berkeley.edu/business-services/paying-students/student-group-reimbursements/student-travel-reimbursement/>

Application Required for All Non T&E Reimbursements	
From whom are you requesting funds Check one:	<input type="checkbox"/> Student Association at Berkeley Law (SABL) <input type="checkbox"/> Alumni Student Group Funds
Name of Student Group or Journal	

Payee Information			
Name		Student ID Number	
Email		Phone Number:	
<i>City of Residence:</i>		<i>US Citizen/Permanent Resident?</i>	<input type="radio"/> Yes <input type="radio"/> No

TRAVEL – Complete this section if requesting reimbursement for expenses related to Berkeley Law travel, including parking and tolls			
Trip destination:		Trip dates:	
Trip purpose: <i>Please provide a clear business purpose on how the travel supports your student group and Berkeley Law (required) . Supporting documentation to the purpose can include a flyer, agenda, or similar item.</i>			

Airfare			
<input type="checkbox"/> <i>Charged to Connexus; don't add to total. Attach itinerary.</i>	<input type="checkbox"/> <i>Paid with Personal Credit Card, Entered & Attached itinerary.</i>	Amount	\$

Private Car (Mileage)					
For Mileage provide car license plate number:			State issuing plate:		
Date	Departure	Destination	Rate	# Miles	Amount
			\$00.67		\$
			\$00.67		\$

Other Transportation (BART, Taxi, Rail, LYFT, UBER etc.)				
Date	Ground Transport	From	To	Amount
				\$
				\$
				\$

Meals & Incidentals					
Date	Breakfast	Lunch	Dinner	Light Refreshments	Total Amount
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Lodging		
Date	Hotel/Location	Room and Tax
		\$
		\$
		\$

Other Expenses - Presentation Materials, Conference Registration, Office Supplies.		
Date	Expense Description	Amount
		\$
		\$
		\$

ESTIMATED TOTAL EXPENSES

Reductions (enter negative \$ amounts)

1. Travel advance
 Attach original request

2. Other reductions

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED

Traveler's Certification Statement (required):

I certify that the above is 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 as required by University policy.

Signature:

Student Group or Journal Financial Officer/Co-leader Signature of Approval (Traveler cannot approve their own expense)			
Name		Email	
Signature		Officer Title	

