

Reimbursement Request Form for Residents

National Center for Ecological Analysis and Synthesis

Use Adobe Reader and enter all \$ fields to assure fields calculate properly.

Name _____

Purpose and Destination of your trip: To represent NCEAS at _____

E-mail Address _____ @nceas.ucsb.edu **Home Institution** UCSB/NCEAS

Mailing Address (If other than NCEAS.) _____

Funding Source (if known) _____

Did you receive a **Travel Advance** for this trip? If so, specify amount: Yes No \$ _____

Please tell us how you would like your reimbursement paid:

- Check
- Corporate Card
- Deposit to bank account used for Surepay payroll deposits

Travel Dates

Departure from your home Date (MM/DD/YY) _____ Time (hh:mm) _____

Return to your home Date (MM/DD/YY) _____ Time (hh:mm) _____

Personal time (if any specify dates & times) _____

If you did not travel directly to/from the destination listed above, please explain and attach supporting documents.

Transportation (Must be accompanied by **original receipts**.)

Air (Attach original itinerary or passenger receipt showing proof of payment.) \$ _____

Private car: License plate number _____ Mileage _____ X _____ \$ _____

Does your car have Liability Insurance Yes No

Taxi/shuttle \$ _____

Parking \$ _____

Bus/train \$ _____

\$ _____

Other Transportation explain:

Lodging and Other Expenses

Did NCEAS pay the hotel directly for your stay? Yes No

If no, at which hotel did you stay? (Provide itemized bill.) \$ _____

Registration Fees (Attach original receipts.) \$ _____

Other Expenses (explain) _____ \$ _____

Meals and Incidentals

Complete Meal Reimbursement Worksheet (attached)(will automatically fill from page 2) \$ _____

Estimated Reimbursement (will automatically fill) \$ _____

Additional Reimbursement

If you will receive reimbursement from any other sources, please list the organization, what they are reimbursing, and how much? _____

I certify that the expenses claimed above were incurred by me on official University business on the dates indicated.

Signature: _____ Date: _____

Please print, sign, and return completed worksheets to NCEAS front office within five days of your return.

