

# NCEAS Reimbursement Packet

## Administrative Database Update Sheet

Please review and update the following information:

**Group Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Publications and Other Products from NCEAS Activities:** NCEAS-related products (e.g., journal articles, datasets, presentations, popular press items, books) that are in prep, in review or published. NCEAS can help with press exposure, and we find your updates on upcoming works very useful!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about NCEAS?** \_\_\_\_\_

### Contact Information

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Affiliation Information

**Institution:** \_\_\_\_\_

**Type:** *Check one.*

<input type="checkbox"/> Academic	<input type="checkbox"/> Private Organization
<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Non-Governmental Organization
<input type="checkbox"/> State Agency	<input type="checkbox"/> Other _____

### Personal Information

**Gender:** \_\_\_\_\_

**US Citizen:** \_\_\_\_\_

**Position:** *Check one.*

Academic	<input type="checkbox"/> Faculty	<input type="checkbox"/> Undergraduate Student
	<input type="checkbox"/> Postgraduate Researcher	<input type="checkbox"/> Graduate Student
	<input type="checkbox"/> Analyst/Researcher	
	<input type="checkbox"/> Other _____	
Non-academic	<input type="checkbox"/> Staff Scientist	<input type="checkbox"/> Administrator/Manager
	<input type="checkbox"/> Research Scientist	<input type="checkbox"/> Resource Manager
	<input type="checkbox"/> Other _____	

**Job Title:** \_\_\_\_\_

**Societies and Memberships:** \_\_\_\_\_

# NCEAS Reimbursement Packet

## Travel Reimbursement Worksheet

Group Name \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

(where you would like  
to receive payment)

Yes  No Are you a University of California employee? *Meal reimbursement restrictions apply to UCSB employees.*

Yes  No Are you a US citizen? If no, complete foreign travel forms and provide copies travel documents while at NCEAS. If you are Permanent US Resident, provide a copy of your resident card.

### How you would like your reimbursement paid?

- Check (Will be sent to the address above.) or  Wire/Draft (Must complete separate wire instructions.)  
 US dollars (\$USD) or  Other currency (Specify: \_\_\_\_\_ )

### Travel Dates

Departure from your home Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_

Return to your home Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_

Personal time (if any) Dates (MM/DD/YY) \_\_\_\_\_

If you did not travel directly between your home and NCEAS, 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 \_\_\_\_\_

Yes  No Does your car have Liability Insurance?

Taxi/shuttle \_\_\_\_\_

Parking \_\_\_\_\_

Bus/train \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

### Lodging

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

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

### Meals and Incidentals

Complete the Meal Reimbursement Worksheet (attached). \$ \_\_\_\_\_

(Meal total from page 3)

### 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: \_\_\_\_\_

# NCEAS Reimbursement Packet

## Meal Reimbursement Worksheet

- **List actual dollar amount paid for meals. The maximum allowance is \$55.00 per day.**
- **If you pay for other attendees' meals**, do not claim their meals on this worksheet. Ask them to reimburse you directly and claim their expenses on their worksheets.
- **UCSB/NCEAS Employees:**
  - **When traveling outside of Santa Barbara**, UCSB/NCEAS employees can claim actual meal expenses (exclusive of alcohol) while on travel status. Receipts for meals are not required for reimbursement.
  - **When attending a meal as part of a working group meeting**, UCSB/NCEAS employees can claim only lunch and/or dinner expenses. **Original, itemized receipts** are required for reimbursement. Credit card receipts are not an acceptable proof of payment. If receipts are missing or lost, write to [travel@nceas.ucsb.edu](mailto:travel@nceas.ucsb.edu) for a "Missing Receipt" form. NCEAS cannot guarantee reimbursement without itemized meal receipts.

Date	Breakfast (Not UCSB employees)	Lunch	Dinner	Total (≤\$55)
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
___/___/___	\$ _____	\$ _____	\$ _____	\$ _____
			<b>MEAL TOTAL</b>	\$ _____

**Please mail these worksheets and supporting documentation to:**  
 NCEAS, Attn: Travel Coordinator, 735 State Street, Suite 300, Santa Barbara, CA 93101-5504  
**All non-U.S. citizens must submit documentation before leaving NCEAS.**

# NCEAS Scientific Computing Services Survey

Type of Activity:  Working Group: \_\_\_\_\_  NCEAS Postdoctoral/Sabbatical Resident

Name/Email (Optional): \_\_\_\_\_ Dates: \_\_\_\_\_

Yes  No  Were you aware of the types of computing services available at NCEAS before your arrival?

Yes  No  Have you read NCEAS' "Guide to Computing Services" (provided in the Visitor Information packet)?

How we might have better informed you about computing in advance of your arrival at NCEAS? \_\_\_\_\_

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Which types of computing tasks were required during your work at NCEAS?

Data location/entry/access/organization

Metadata (data documentation) entry/storage/distribution

Database development

Statistical analysis

Analytical and/or simulation model development

Other: \_\_\_\_\_

Summarize briefly any of the tasks above that were particularly difficult to address while at NCEAS and why: \_\_\_\_\_

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Yes  No  During your work at NCEAS, were you able to efficiently complete your work using our computing environment and network?

Yes  No  If applicable, are you able to access NCEAS Computing Services when you are not at NCEAS?

If either answer is no, please explain briefly how the Scientific Computing staff might better assist you and, if applicable, your group while working at NCEAS or remotely: \_\_\_\_\_

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Which (if any) of these technological obstacles did you encounter at NCEAS?

Disk storage (need more disk space)

Analytical computing power (need faster computers)

Graphics production (need higher resolution, better display)

Connectivity (network too slow)

Not enough computers

Lack of technical support/consultation

More or better output devices

Important software missing

Please explain above or list other issues: \_\_\_\_\_

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Please include other comments or suggestions (or email these to [help@nceas.ucsb.edu](mailto:help@nceas.ucsb.edu)): \_\_\_\_\_

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**Thank you for participating; your answers will help refine and improve our computing services.**

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**Please mail this survey to:**

NCEAS, Attn: Travel Coordinator, 735 State Street, Suite 300, Santa Barbara, CA 93101-5504