

NCEAS Reimbursement Packet

Administrative Database Update Sheet

Please review and update the following information:

Working Group Title: _____

Begin Date: _____

End Date: _____

Name of Leader(s): _____

Full 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:

Academic

Private Organization

Check one

Federal Agency

Non-Governmental Organization

State Agency

Other _____

Personal Information

Country of Citizenship: _____

If not a US citizen, are you a Permanent Resident of the US? yes no

Position:

Academic

Asst. Professor

Assoc. Professor

Professor

Prof. Emeritus

Check one

Postgraduate Researcher

Undergraduate Student

Analyst/Researcher

Graduate Student

Administrator

Other

Non-academic

Staff Scientist

Administrator/Manager

Research Scientist

Resource Manager

Other _____

Highest Degree:

Doc.

Master

Bachelor

High Schl

Other

Yr of Highest Deg.: _____

Job Title: _____

Societies & Memberships: _____

Please print forms, sign on page 2, and return 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 Reimbursement Packet

Working Group Title: _____

Group Leader(s): _____

Begin Date: _____

End Date: _____

Travel Reimbursement Worksheet

Name _____

E-mail Address _____

Home Institution _____

Mailing Address for reimbursement
(If different from above) _____

- 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 of 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/YYYY) _____ Time (hh:mm) _____

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

Personal time (if any specific dates & time) _____

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 _____ X _____ \$ _____

Does your car have Liability Insurance? yes no

Taxi/shuttle \$ _____ Parking \$ _____ Bus/train \$ _____

Other \$ _____ Explain _____

Lodging

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

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

Meals and Incidentals

Complete the Meal Reimbursement Worksheet (attached)(Will automatically fill from page 3) \$ _____

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: _____ aaaaaaa

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? _____

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: _____

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: _____

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: _____

Please include other comments or suggestions (or email these to help@nceas.ucsb.edu): _____

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

Please return this survey to:

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

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Demographic Information *optional*

We are requesting the following information for the purposes of internally evaluating our progress in engaging diverse groups in NCEAS activities, and for reporting to NSF and other NCEAS supporters. Providing this information is **voluntary** and strictly **confidential**, and will be reported only in aggregate. If you choose not to provide this information or if you have already submitted this form to us, please check the box at the bottom of the form. We thank you for your assistance with this reporting effort.

Gender

Female

Male

Ethnicity

Am. Indian/Alaska Native

Asian

Black/AfricanAmerican

Hispanic/Latino

Native Hawaiian/other Pacific Islander

White

Other: _____

I have already submitted this form.

I prefer not to provide demographic information.

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Thank you!