

**** Mail this reimbursement packet within 15 business days of working group's conclusion ****



NCEAS Reimbursement Packet

Administrative Database Update Sheet

Use _____ to assure proper calculations. Do not use Preview (Mac)

Please review and update the following information. NCEAS-related products can also be reported at <http://nceas.ucsb.edu/results>.

Name

Publications and Other Products from NCEAS Activities: B795GfYUHX dfcXi Wg fY" ["z ^ci fbU`UfhjWgZ XUhgYhZ dfYgYbHjcbgZ dcdi `Uf`dfYgg`hYa gZ Vcc_g`h UhUFY`j b`dfYdz`j b`fYj`Yk`cf`di`V`jg`YX`" B795G`Wb`Y`d`k`h`dfYgg`Yl`d`cgj`fYz`UbX`k`Y`Z`bX`nci`f`i`dXUH`g`cb`i`dV`a`j b[`k`cf`_g`j`Yfmi`gYz`"

If you need more space for products, you can email your list of products to survey@nceas.ucsb.edu.

How did you hear about NCEAS?

Contact Information

Department: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Email: _____
Telephone: _____ Fax: _____

Affiliation Information

Institution: _____
 5WXYa jW _____ Dfj UH`Cf[Ub]nUjcb
Update type if needed YXYFU`5[YbVh _____ Bcb!; cj Yfba YbHU`Cf[Ub]nUjcb
 GHUH`5[YbVh _____ CH.Yf

Personal Information

Country Citizenship: _____
Update, if appl. I G`7]m" Bcb! I G`7]m" 7ci blfm 5fY`Mti`U`DYfa`"FYg" cZl G3
Position: _____ Job Title: _____
Update, if appl. 5WXYa jW 5ggH`DfcZYggcf` 5ggc`WDFcZYggcf` `DfcZYggcf` `DfcZ` 9a Yf]h`g`
..... Dcgh`fUXi UH`FYgYUFW Undergraduate StudYbh
..... 5bUng`#FYgYUFWYf ; fUXi UH`GH XYbh
..... 5Xa`j b]ghfUrcf CH.Yf
..... Bcb! UWXYa jW GHUZZ`GVYb]gh 5Xa`j b]ghfUrcf`#A`UbU[Yf`
..... FYgYUFW`GVYb]gh FYgci`fW`A`UbU[Yf`
..... CH.Yf`

Highest Deg: _____ 8cW` A`Ughf` 6UWY`cf` <] \`GW` CH.Yf`

Societies & Memberships: (Please do not use abbreviations) _____

Please print forms, sign on page 2, and return documentation to:

B795Gz5Hb. HfUj Y`7ccfX]bUrcfZ`+`)` GHUH`GHFYhZ`Gi`jY`" \$Z`GubHU`6UfVUFUZ`75`-'`%\$%)`)` (\$` 5`"`bcb! I` "G" V]h`n`Ybg`a`i`gh`g` Va` j`h`XcW`a`YbHjcb`VYZcf`YUj`j b[`B795G`"

Meal Reimbursement Worksheet

*** List actual dollar (\$) amount paid for meals. The maximum allowed is \$55.00/day.**

*** If you pay for others' meals,** Xc`bchWUJa`h.Y]f`a YUg`cb`h`g`k`c`f`g`YYH`5g_`h`Ya`h`c`f`Y]a`Vi`fgY`nci`X]f`YV`m`UbX`WUJa`h.Y]f`YI`dYbgYg`cb`h.Y]f`k`c`f`g`YYtg`

*** If you are a UC Santa Barbara employee:**

- Mt`i`a`i`gh`]gh`U`h`Y`k`c`f`_]b[`f`c`i`d`d`Uf`h`W`d`Ubhg`k``c`U`h`b`X`Y`X`h`Y`k`c`f`_]b[**lunch or dinner.**

!`Mt`i`a`i`gh`g`Va`]h`**original**z`]h`Ya`]n`Y`f`Y`W`d`hg`g`k`c`f`_]b[`Z`c`X`]h`Ya`g`di`f`W`U`g`Y`X`U`b`X`Y`I`W`X]b[

.....U`W`A`c`.....Z`f`Y`W`d`hg`U`f`Y`c`g`z`k`f`]h`Y`h`c`f`U`j`Y`4`b`W`U`g`i`V`g`Y`X`i`Z`c`f`U`A`]g`]b[`f`Y`W`d`h`Z`c`fa`.....

.....7`f`Y`X`]h`W`f`X`f`Y`W`d`hg`U`f`Y`b`ch`Ub`U`W`d`h`U`Y`d`f`c`c`Z`c`Z`d`U`na`Y`bh`

- You can claim only lunch and dinner expenses associated with working group meals.

Date (MM/DD/YY)	Breakfast (Not UCSB employees when in SB)	Lunch	Dinner	Total (≤\$55)
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
			TOTAL	\$ _____

Please print forms, sign, 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.