Administrative Database Update Sheet

Submit within 15 days of working group's conclusion

USE EDITABLE BOXES TO UPDATE INFORMATION

Project Leader:

Event Dates:_____ **-** _____

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!

_____
_____
_____
_____
_____

If you need more space for products, you can email your list of products to survey@nceas.ucsb.edu. NCEAS-related products can also be reported at http://nceas.ucsb.edu/results.

Contact and Affiliation Information:

Department: _____

Institution: _____

Update type here if applicable

Academic	Private Organization
Federal Agency	Non-Governmental Organization
State Agency	Other

Address: _____

_____

City: _____

State: _____

Zip: _____

Country: _____

Email Address: _____

Telephone: _____

Personal Information

Citizenship and Country: _____

US Citizens   Non-US citizens   Perm. Res of US   Country: _____

Highest Degree and Year: _____

update here if applicable   Doctorate   Master   Bachelor   High School   Other

Year _____

Societies and Memberships: _____

update here if applicable   _____

Demographic Information:

NCEAS collects demographic information on our participants for internal and NSF reporting purposes. Please take a couple of minutes to fill out the following **survey**. This information will be kept confidential. If you have already completed the form, please disregard.

NCEAS Reimbursement Worksheet

Project Leader:
Event Dates: _____ - _____

Name: _____
E-mail Address: _____

Department: _____
Institution: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Mailing Address (reimbursement will be sent to this address) **Payments made to an institution require an invoice**
_____

| Yes | No | Are you a UCSB Employee (Meal reimbursement restrictions apply. See meals worksheet for more info) |
| Yes | No | Are you a US citizen? If no, **complete foreign travel forms and provide copies of documents while at NCEAS. Permanent US residents need to provide copy of a resident card.** |

Preferred method of payment:

Check (Will be sent to the address above)   (Foreign bank accounts only. Please fill out wire form)

Currency:

Travel Dates

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

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

Personal time (if any specify dates & time) _____

If you did not travel directly between your home and NCEAS, please explain and attach supporting documents
_____

Meals and Incidentals (no receipts needed for Non-UCSB participants)

Complete the Meal Reimbursement Worksheet on Page 3 (will automatically fill)   **$ _____**

Lodging

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

If no, at which hotel did you stay? (Itemized receipt required) _____ **$ _____**

Transportation (Original, itemized receipts required for transportation costs)

Did NCEAS pay directly for your airfare?   Yes   No

If no, 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   **Map required to substantiate mileage claimed**

Bus/Shuttle **$_____**   Train/Rail **$_____**   Taxi **$_____**   Parking **$_____**

_____

Other Expenses $_____ Explain_____

Reimbursements from other sources (Please list the organization, what they are reimbursing, and how much)
_____

Estimated Reimbursement (will automatically fill) ·· ·SSSSSSSS

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

Signature:_____   **Date:**_____

Submit packet within 15 business days of working group's conclusion. E-mail signed form and documentation to reimbursements@nceas.ucsb.edu. Packets sent electronically require e-mail certification. Travel coordinator will send e-mail certification when packet has been reviewed. **Please choose one method of submission.**

Meal Reimbursement Worksheet
Submit packet within 15 business days of working group's conclusion

Project Leader:

Event Dates: --

* List actual dollar **($ and ¢)** amount paid for meals (breakfast, lunch, and dinner). **Rounded estimates will not be accepted.** The maximum total allowed is $62.00/day.

* **If you pay for others' meals**, do not claim their meals on this worksheet. Only group leaders can pay for others' meals. Itemized receipt required.

UCSB/NCEAS Employees:
When traveling outside of Santa Barbara, NCEAS employees should claim actual meal expenses (exclusive of alcohol) while on travel status. Original, itemized receipts required for reimbursement. · When attending a meal as part of a working group meeting in Santa Barbara, 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 reimbursements@nceas.ucsb.edu for a "Missing Receipt" form. More documents may be required.

Date (MM/DD/YY)	Breakfast (Not for UCSB employees when in SB)	Lunch	Dinner	Total (≤$62)
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____

TOTAL $ _____

E-mail signed form and documentation to reimbursements@nceas.ucsb.edu. Packets sent electronically require e-mail certification. Travel coordinator will send e-mail certification when packet has been reviewed.