UNIVERSITY OF CALIFORNIA BERKELEY Graduate School of Education

RECURRING TRIP REIMBURSEMENT REQUEST (version 7/1/08)

Use this form when requesting reimbursement for **recurring ground transportation costs** (e.g., school site visits); reimbursement for cost categories not listed below should be requested using the Travel Reimbursement Request form. Requests for recurring travel costs must be submitted monthly.

Request Date: _____

Name: _____

Address: _____

_____

_____

Provide appropriate Payee ID info: Employee ID for employees; Student ID for students; SS#/Tax ID for Individuals with no UC affiliation and Vendors.

Empl ID/Student ID
SS#/Fed Tax ID:

Phone: _____ E-Mail: _____

Dates of Travel: Month: _____ Year: _____

Trip Purpose:

Complete This Section If Claiming Private Vehicle Costs

Vehicle License Plate Number: _____

Your vehicle must be covered by at least the minimum prescribed liability insurance coverage as follows:

(1) $50,000 Personal injury to, or death of one person;
(2) $100,000 for injury to, or death of two or more people in one accident; and
(3) $50,000 for property damage.

Is your vehicle covered by the minimum prescribed liability insurance? ☐ Yes ☐ No

Indicate mode of transportation by using the appropriate code in the "Code" column below:

PV = Private Vehicle **BT = BART** **TL = Toll**
BS = Bus **TR = Train/Rail** **PK = Parking**

If travel was by private vehicle, provide the number of miles driven in the appropriate column below; the reimbursable amount will be automatically calculated in the Totals Section. All mileage distances should be calculated from Campus to School Site.

All amounts listed below must be coded using one of the category codes at left; otherwise, use the Travel Reimbursement Request Form.

If Round Trip, check in the box under column "RT."

Date	RT	Fr: School/Project Site, City, Campus	To: School/Project Site, City, Campus	Code	# of Miles	Amount

Certification by Traveler (Traveler's Signature is Required):
I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University and departmental policy.

Traveler's Signature _____

Total Mileage: _____ -

Mileage Cost: $ _____ -

New rate: 58.5 cents/mile (effective 7/1/2008)
Old rate: 50.5 cents/mile (valid through 6/30/2008)

Non-Mileage Expenses: $ _____ -

Grand Total: **$** _____ **-**

Account Name/Fund Source _____

Approval Signature _____