A Travel Expense Report (Travel Reimb Form) must be submitted through ERSO's intranet system after EACH trip, even if no reimbursement is due to the traveler (e.g. the only expense was airfare paid with a Direct Bill ID)



Direct Bill ID Request Form

Traveler's Name (Last Name, First):

Note: Traveler's name must match the name on the government issued photo ID carried by the traveler while travelling.

Traveler's Employee ID OR) #:
Traveler's Student ID #	
Contact Information for	the Traveler:
Email:	
Phone Number:	
Detailed Trip Purpose (If applicable, please include the name of the conference or workshop):
Approximate Departure D	ate:
Approximate Return Date	:
Is the Travel Destination	Domestic or International? (please select one)
Domestic	International
If Domestic flight, provi	de Destination City and State:
If International flight, pro	ovide Destination City and Country:
Estimated Cost:	
Fund Source/Chartstring	g to charge:
Comments (if any):	
Requester's Printed Na	me and Signature:
Authorizing Name and ⁻	Γitle:
Authorizing Signature &	Date:
	s, please send completed form to: financialcluster@me.berkeley.edu
ii usiiig kesearch/Ek30 tun	ds, please send completed form to your PI's Research Support Officer (RSO)