



WESTOP

TRAVEL EXPENSE CLAIM

Name:		Today's Date:	
Mailing Address:		WESTOP Position:	
City:		Purpose of Trip:	
State:	Zip:	Destination:	
Phone:	Date of Trip	Fr:	To: Total days:

Check Distribution: Mail Hand Deliver

<i>Attach receipts to this form</i>					<i>Rate/Mile 53.5¢ per mile</i>			<i>Totals</i>	<i>Acct #</i>
<i>Date:</i>									
<i>Personal car mileage:</i>									miles
<i>Mileage Expense</i>	\$	\$	\$	\$	\$	\$	\$	\$	210
<i>Airfare</i>								\$	220
<i>Lodging</i>								\$	090
<i>Breakfast (\$10)</i>								\$	140
<i>Lunch (\$15)</i>								\$	140
<i>Dinner (\$25)</i>								\$	140
<i>Incidentals (\$5)</i>								\$	140
<i>Ground Transportation</i>								\$	210
<i>Registration</i>								\$	030
<i>Parking</i>								\$	210
<i>Business Expenses</i>								\$	240
Travel Expense Total								\$	

Traveler's Signature: _____ **Date:** _____

Email completed form & all supporting documents to:

Sumi Godfrey Wong, WESTOP CFO
 UC Berkeley, Center for Educational Partnerships, Pre-College TRIO Programs, Hearst Field Annex Building C, Berkeley, CA 94720-1060
 (510) 815-4899 Email: sumigodfrey@berkeley.edu

CFO USE ONLY			
<i>CFO Approval</i>	<i>Check #</i>	<i>Date Issued</i>	<i>QB entry date</i>
_____	_____	_____	_____