**Please return to Troy Cortez,** **tcortez@lbl.gov**

**MS50R5104, LBNL, 1 Cyclotron Road, Berkeley, CA 94720**

**Cosmology Visitors**

**Travel Expense Report Form**

**Traveler’s Name (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address (for reimbursement check):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For expenses from (date): through (date):**

**Project ID: PHTHY (or other to be determined by organizers)**

**Travel to Berkeley**

Departing location/date/time:

Arrival date/time:

**Return travel**

Departing Berkeley/date/time:

Arriving location/date/time:

**Expenses ($)**

(Note: lodging is to be arranged by/directly billed to LBNL, unless otherwise determined and agreed to by all parties prior to travel.)

Airfare (U.S. domestic carrier only; receipt must show dates of travel, itinerary, cost and means of payment, e.g., last four digits of credit card):

Rental Car (original - hard copy receipt required; insurance and certain other fees not reimbursable):

Gasoline (receipt required):

Parking (receipt required):

Ground transportation (taxis, BART, etc.; receipts required for amounts > $75.00):

Day 1 (specify date): Day 2: Day 3: Day 4: Day 5:

Meals and incidental expenses (up to $61/day; limited to $45.75 on travel days; no receipts required):

Day 1 (specify date): Day 2: Day 3: Day 4: Day 5:

**Signature/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**