

**\*\* Mail this reimbursement packet within 15 business day of working group's conclusion \*\***



**NCEAS Reimbursement Packet**  
*Administrative Database Update Sheet*

Use \_\_\_\_\_ to assure proper calculations.

Please review and update the following information. NCEAS-related products can also be reported at <http://nceas.ucsb.edu/results>.

**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!

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If you need more space for products, you can email your list of products to [survey@nceas.ucsb.edu](mailto:survey@nceas.ucsb.edu).

**How did you hear about NCEAS?**

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**Contact Information**

**Department:** \_\_\_\_\_  
**Institution:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Affiliation Information**

**Institution:** \_\_\_\_\_  
 Academic  Private Organization  
*Update type if needed*  Federal Agency  Non-Governmental Organization  
 State Agency  Other \_\_\_\_\_

**Personal Information**

**Country Citizenship:** \_\_\_\_\_  
*Update, if appl.* US Citz. Non-US Citz. Country: \_\_\_\_\_ Are You a Perm. Res. of US?  
**Position:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
*Update, if appl.* Academic: Aasst.Professor Assoc.Professor Professor Prof. Emeritus  
Postgraduate Research Undergraduate Student  
Analyst/Researcher Graduate Student  
Administrator Other  
Non-academic: Staff Scientist Administrator/Manager  
Research Scientist Resource Manager  
Other  
**Highest Deg:** \_\_\_\_\_ Doc. Master Bachelor High Schl Other Yr Highest Deg: \_\_\_\_\_

**Societies & Memberships:** (Please do not use abbreviations) \_\_\_\_\_

**Please print forms, sign on page 2, and return documentation to:**  
NCEAS, Attn: Travel Coordinator, 735 State Street, Suite 300, Santa Barbara, CA 93101-5504  
All non-U.S. citizens must submit documentation before leaving NCEAS.

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## NCEAS Reimbursement Packet

### Travel Reimbursement Worksheet

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address for reimbursement \_\_\_\_\_

(If different from above) \_\_\_\_\_

Yes  No Are you a University of California employee? Meal reimbursement restrictions apply to UCSB employees.

Yes  No Are you a US citizen? If no, complete foreign travel forms and provide copies of travel documents while at NCEAS. If you are Permanent US Resident, provide a copy of your resident card.

#### How you would like your reimbursement paid?

Check (Will be sent to the address above.) or  Wire/Draft (Must complete separate wire instructions.)

US dollars (\$USD) or  Other currency (Specify: \_\_\_\_\_ )

#### Travel Dates

Departure from your home Date (MM/DD/YYYY) \_\_\_\_\_ Time (hh:mm am/pm) \_\_\_\_\_

Return to your home Date (MM/DD/YYYY) \_\_\_\_\_ Time (hh:mm am/pm) \_\_\_\_\_

Personal time (if any specific dates & time) \_\_\_\_\_

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

\_\_\_\_\_

#### Transportation (Must be accompanied by \_\_\_\_\_.)

Air (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

Taxi/shuttle \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ Bus/train \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Explain \_\_\_\_\_

#### Lodging

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

If no, at which hotel did you stay? (Provide an itemized bill.) \_\_\_\_\_ \$ \_\_\_\_\_

#### Meals and Incidentals

Complete the Meal Reimbursement Worksheet (attached)(Will automatically fill from page 3) \$ \_\_\_\_\_

Estimated Reimbursement (Will automatically fill) \$ \_\_\_\_\_

If you will receive reimbursement from any other sources, please list the organization, what they are reimbursing, and how much? \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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