

**Global Imbalances and Asian Financial Markets
Workshop 29-30 September 2005
Reimbursement Request Form INSTRUCTIONS**

Please fill out the form on page 2 of this document. Sign the bottom and include your original receipts for the airport shuttle. The workshop will only reimburse shuttle expenses with original receipts. It will not reimburse for taxi fares, etc. Your reimbursement will be mailed to you as a check in USD. Please mail the completed form(s) with receipts to the following address:

Ms. Sibani Michael Bose
University of California, Berkeley
Department of Economics
549 Evans Hall # 3880
Berkeley CA 94720-3880
USA

If you are a US citizen:
Nothing further is required at this time.

If you are a US permanent resident:
Please include a photocopy of your US permanent resident card (green card).

If you are not a US citizen or a US resident:
Please include a copy of:
-the identification page of your passport,
-the US visa page of your passport,
-and the I-94 card presented to you when you entered the US.
The following 2 forms are additionally required to process your reimbursement request:
-Certificate of Academic Activity
(<http://www.ucop.edu/ucophome/cao/paycoord/coaa.pdf>)
-Certificate of Foreign Status for Federal Tax Withholding
(<http://www.ucop.edu/ucophome/cao/paycoord/w8ben.pdf>)

If you have any questions about your reimbursement, please contact Ms. Bose at smbose@econ.berkeley.edu

Vendor _____

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PLEASE PRINT LEGIBLY.

NAME: _____
(First and Last)

SOCIAL SECURITY NUMBER: _____
(or ITIN, if you have either)

HOME ADDRESS: _____

INSTITUTIONAL ADDRESS: _____

Mail reimbursement check to: (Please circle one) Home address Institutional Address

COUNTRY OF CITIZENSHIP: _____

Non-Citizens: Are you a US permanent resident? YES NO NOT APPLICABLE

TELEPHONE NUMBERS: (Please include country code)

Home: _____ Work: _____

EMAIL ADDRESS: _____

FACSIMILE NUMBER: _____

Expenses absorbed by you and/or other institutions: _____
(Yes or No)

If yes, please explain costs and list other institutions: _____

Date(s) expenses were incurred: _____ Total reimbursement amount: _____

I certify that the above is a true statement, that the expense claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

TRAVELER SIGNATURE: _____

DATE: _____