

TRAVEL RECEIPTS
SUBMIT ORIGINAL RECEIPTS AS APPLICABLE

NAME: _____

Date of Departure: _____ Departure Time: _____

Required

Date of Return: _____ Time Returned: _____

Required

Reason for trip: _____ Registration Fees: _____
Receipt Required

Provide proof of attendance -- *Name Tag / Agenda / Copy of conference manual*

Vehicle Miles:

Total Miles _____ Private Vehicle License # _____

Shuttle Costs _____ Toll/Parking Costs _____

Airlines _____ Amount: _____ Baggage Fees: _____

Airport Parking: _____ Per Day _____ Number of Days _____

Hotel: _____ Cost per Night: _____ Length of Stay: _____

Provide itemized receipt

Transient Occupancy Tax Waiver Yes _____ No _____

Rental Car Expenses: _____

THE STATE WILL NOT PAY FOR EXTRA INSURANCE (by using the University American Express card there is extra insurance coverage at no extra charge at the Contracted Agencies)

Meal and Incidental ACTUAL COSTS

Do not include meals that are provided during the conference/seminar.

Please attach itinerary of conference.

(Maximum daily amount allowed: \$55.00 – Must provide a receipt for any meal and for incidentals for each 24 hour period)

Day 1: _____
Breakfast Lunch Dinner Incidental

Day 2: _____
Breakfast Lunch Dinner Incidental

Day 3: _____
Breakfast Lunch Dinner Incidental

Day 4: _____
Breakfast Lunch Dinner Incidental

Day 5: _____
Breakfast Lunch Dinner Incidental

Day 6: _____
Breakfast Lunch Dinner Incidental

List any prepaid amounts: _____

MISC INFORMATION:

Please work with your support staff in following CSU Policy & Procedures & your department requirements.