



Post-Trip Travel Reimbursement

Complete all information and return to chem_travel@colostate.edu with originals of receipts.

Is this your first time traveling as a CSU Grad Student/Employee: **Yes** **No**

Traveler's Full Name: _____ Traveler's Group: _____

Email: _____

Purpose and Justification: _____

Account Number(s): _____ Indicate % if Split Funding: _____

Destination - From: _____ To: _____

Departure Date: _____ Return Date: _____

If Multiple Destinations:

Destination 2 - From: _____ To: _____

Departure Date: _____ Return Date: _____

EXPENSES (reimbursable):

Original receipts are required. Meal receipts must be itemized. Final check-out receipt required for lodging reimbursement. Put all meal receipts in one PDF and all other receipts in a separate PDF.

Meals \$ _____

Lodging \$ _____

Mileage _____ miles

Parking \$ _____

Shuttle/Bus/Taxi \$ _____

Rental Car \$ _____

Other Expenses (itemize) \$ _____

Airfare \$ _____

Registration Fees \$ _____

EXPENSES BY CSU:

Airfare Amount \$ _____ Travel Agency: _____

Registration Fee \$ _____ Was Registration Fee Paid by PCard: **Yes** **No**

Return to chem_travel@colostate.edu once completed.