

TV#
Dept # 1877

POST-TRAVEL
DEPARTMENT OF STATISTICS
This form should be filled out AFTER you travel

Traveler Information (a separate form is required for each traveler and each destination)	
Traveler:	Destination:
CSU Address:	Dates of Travel:
Phone #:	Email:
Purpose of Trip: (If you are traveling on grant funds, please provide a justification appropriate to your grant proposal)	
Please reimburse me for:	
Airfare: \$	Ground Transportation: \$
Rental Car/Fuel: \$	Registration: \$
Lodging: \$	# of Per Diem Meals (eg. 2 breakfast, 1 lunch, 3 dinners, or Full Per Diem):
Miles: \$.63 per mile:	
Parking: \$	Tolls: \$
	Total: \$
I would like these expenses reallocated to the following accounts:	
Account #	Amount or Percentage
1.	
2.	

Department Chair Approval/Date

Signature of Traveler/Date

~~~~~PLEASE NOTE~~~~~

An Itemized receipt, detailing the expenditure, is required for any expense to be reimbursed, except meals.  
Alcoholic beverages CANNOT be reimbursed.