



Post-Trip Travel Reimbursement Dummy Form

Traveler's Full Name: _____

Phone: _____ Email: _____

CSU Employee ID Number: _____

Travel Dates (*departure & return dates*): _____

Account Number(s): _____

Destination: _____

Purpose and Justification: _____

EXPENSES:

Original receipts are required. Meal receipts must be itemized. Final check-out receipt required for lodging reimbursement.

Airfare Amount \$ _____

Travel Agency: _____

Meals \$ _____

Lodging \$ _____

Mileage _____ miles

Parking \$ _____

Ground Transportation \$ _____

Rental Car \$ _____

Other Expenses (itemize) \$ _____

Registration Fee \$ _____

Paid by Pcard: _____