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: __________________
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

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<tr>
<th>Day</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Incidental</th>
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<tbody>
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<td>Day 1</td>
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<td>Day 2</td>
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<td>Day 6</td>
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List any prepaid amounts: __________________________________________

MISC INFORMATION:

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