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.