



**COLORADO STATE UNIVERSITY-PUEBLO  
TRAVEL REIMBURSEMENT SHEET**

| DATE       | TIME DEPART. | TRAVEL |    | TIME ARRIV. | MILEAGE |               |       | MEALS     |       |        |             | ROOM Include Receipts | TOTAL Reimburse |
|------------|--------------|--------|----|-------------|---------|---------------|-------|-----------|-------|--------|-------------|-----------------------|-----------------|
|            |              | FROM   | TO |             | Miles   | Rate per Mile | TOTAL | BREAKFAST | LUNCH | DINNER | INCIDENTALS |                       |                 |
|            |              |        |    |             |         | 0.49          |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
|            |              |        |    |             |         |               |       |           |       |        |             |                       |                 |
| SUB TOTALS |              |        |    |             |         |               |       |           |       |        |             |                       |                 |

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|   |  |
|---|--|
| Other Expenses Paid by Travelers (must have receipts) |  |
| Transportation (rental, taxi, shuttle, etc.)          |  |
| Registration Fees                                     |  |
| Parking   |  |
| Misc:   |  |
| Sub-Total:  |  |
| Limited to:   |  |
| Less: Travel Advance/Air Fair                         |  |
| Amount Due Traveler:                                  |  |

**\*\*I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement was claimed was performed by me on State business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.\*\***

|               |   |   |
|---------------|---|---|
| _____<br>DATE | _____<br>TRAVELER'S SIGNATURE   | _____<br>TITLE  |
|               | _____<br>TRAVELER'S PRINTED NAME  | _____<br>Account Number   |
|               | _____<br>Personal Identification # (employees) or Vendor Identification # (non-employees) | _____<br>Supervisor's Signature   |
|               | _____<br>DEPARTMENT   | NOTE: Please obtain supervisor's approval before routing this form to the accounting office |

- Pick up at Cashier
- US Mail
- Mail check Intercampus to Department
- Direct Deposit (Employees Only)

**\*\*Reimbursements will automatically go Direct Deposit unless other options are marked (Employees Only)**

\_\_\_\_\_  
Provost Signature (when required)