

TRAVELER INFORMATION

Student (requires waiver) Other
 Name Phone Departure Date Return Date
 Has there been a Travel Request form filled out for this trip? Yes No University/Foundation Employee

DESTINATION

City State

 City State

ACCOUNT INFORMATION

Account Number Object Code Amount Charged

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ITEMIZE TRAVEL EXPENSE CLAIM

Itemize **actual** expenses for **each** day of travel (use additional forms if necessary). Attach **original** receipts for all items. Refer to Foundation Travel Policy available on www.csudhfoundation.org for current travel allowances.

Date:									Totals
Breakfast:									
Lunch:									
Dinner:									
Incidentals:									
Lodging:									
Conference Registration :									
Transportation - Airfare :									
Transportation-Other Specify:									

Mileage Attach Google Maps or Mapquest driving directions with addresses.

From:									
To:									
Miles:									Totals
Amount (rate x miles):									
Other:									

Total:

EXPENSE REIMBURSEMENT/TRAVEL ADVANCE RECONCILIATION INFORMATION

Total Expenses from Itemized Claim Form:		
Less advance(s) received from Travel Approval Form (if applicable):		
Balance Due:	<input type="radio"/> Traveler <input type="radio"/> Foundation	

- Mail check to Address:
- Call Ext: for pickup.
- Direct Pay (Must be enrolled).

TRAVEL'S SIGNATURE & APPROVAL For Philanthropic Account Expenditures Over \$750 Must Receive Dean or VP Approval

I hereby certify that the expenses claimed are a true statement of the travel expenses incurred by me (traveler) in accordance with CSUDH and that all items shown were for the official business of CSUDH or The CSUDH Foundation.

Traveler's Signature Date

Director/Dean/Dept. Head/ Supervisor Date
 Approval

Authorized Account Signer Approval Date

Foundation Approval Date