

Office Use Only

T-Number:

Doc Number:

CSU VISITOR**REIMBURSEMENT REQUEST******Fill out this form AFTER you travel******Traveler Information** (a separate form is required for each traveler and each destination)

Traveler:

Destination:

Mailing Address:

Dates of Travel:

City/State/Zip:

Email:

US Citizen/Permanent Resident*: Yes No

Phone #:

If not a US resident, what is your country of citizenship? :

Will you be providing any services for CSU while traveling? : Yes No

Purpose of Travel:

CSU Host:

Host email:

Reimbursement:

Airfare: \$

Ground Transportation: \$

Rental Car/Fuel: \$

Registration: \$

Hotel: \$

Meals/per diem: \$

Miles:

Tolls: \$

Parking: \$

Total: \$

Office Use Only:**Account #****Amount or Percentage****1.****2.****NOTE:** An itemized receipt, detailing the expenditure and proof of payment, is required for any expense to be reimbursed. Alcoholic beverages **CANNOT** be reimbursed.***If it is determined that more information is needed the traveler will be emailed directly with a link to register with Glacier.**