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:	
	I
CSU Host:	Host email:
Reimbursement:	
Airfare: \$	Ground Transportation: \$
Rental Car/Fuel: \$	Registration: \$
Hotel: \$	Meals/per diem: \$
Miles:	Tolls: \$
Parking: \$	Total: \$
Office Use Only:	
office ose only.	
Account #	Amount or Percentage
1.	
2.	
NOTE: An itemized receipt, detailing the expenditure and proof of payment, is required for any	

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.