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.