

College of Music & Dramatic Arts Travel Reimbursement Request Form

Minimum requirements are highlighted in Red.

AS292 - Request for Authorization to Travel, should be turned in prior to travel to claim reimbursement.

ALL RECEIPTS MUST BE ATTACHED AND SUBMITTED WITH THIS FORM, EXCEPT THOSE REQUIRED FOR LACARTE CHARGES.

Receipts for LaCarte should be submitted with the LaCarte Entry Log when charges are due.

Traveler:		Date Submitted:	
Destination:			
Departure Date:		Return Date:	
Time of Departure:	AM / PM	Time of Return:	AM / PM

EXPENSES PAID ON LACARTE OR CBA (Do not include receipts)						
Registration	Airfare	Luggage Fee	Airport Parking	Lodging	Rental Car	Miscellaneous
\$	\$	\$	\$	\$	\$	\$
Entry #	Entry #	Entry #	Entry #	Entry #	Entry #	Entry #
Please list below all miscellaneous expenses:						

EXPENSE RECEIPTS (List expenses NOT paid on LaCarte)				
Registration Fees	Airfare (not paid by CBA)		Luggage Fee	Airport Parking
\$	\$		\$	\$
Mileage*	Lodging	Are Meal Per Diems being claimed?		Miscellaneous
\$	\$	Yes No		\$
Were any meals paid for or provided by the hosting organization/conference/hotel?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list below which meals were paid or provided (ex. 1/1/13 lunch, 1/2/13 dinner, etc.)				
Please list below all miscellaneous expenses:				
Total Amount Requested for Reimbursement ----->				\$
I am receiving additional funding outside from CMDA, (ex. travel grant, TAF, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

*Mileage Information (include documentation, i.e. mapquest route printout)	
Was mileage in-state or out-of-state?	<input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State
If mileage was out-of-state, was an airfare quote obtained prior and attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that all expenses claimed on this request were paid by me and incurred on University business.
I also certify that I have submitted all receipts and filled out this form complete as to the best of my knowledge.

Traveler: _____ Date: _____

FOR OFFICE USE ONLY: Voucher Number: _____ Date: _____