For office use only:

TV#

Dept # 1877

VISITOR

DEPARTMENT OF STATISTICS

This form should be filled out 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	If no, Type of Visa you are traveling on:
Purpose of Travel:	Phone #:
CSU Host:	Host Email:
Please reimburse me for:	
Airfare: $	Ground Transportation: $
Rental Car/Fuel: $	Registration: $
Lodging: $	Per Diem: $
Miles: @ 0.46/mile $	Tolls: $
Parking: $	Total: $
For office use only:	
Account #	Amount or Percentage
1.	
2.	

_____

Department Chair Approval/Date

_____

Signature of Traveler/Date

~~~~~~PLEASE NOTE~~~~~~

An Itemized receipt, detailing the expenditure and proof of payment, is required for any expense to be reimbursed.

Alcoholic beverages CANNOT be reimbursed.

Last Updated: 2/13/2012
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