University of Colorado	Reimburse	<b>Reimbursements for Travel</b>				
Department of Atmospheric and O		ersonal	Expenses			
Is this for Travel or Non Travel expense? If for travel, is Travel Authorization signed by PI a Was this purchased on a travel card, out-of-pock	and Finance Manager? (required for all travel)	Yes	No			
Name:	Email:					
mailed below	e include if you are a US citizen/legal permanent resident and tw.) w.) urchase benefits the University or sponsored project.)	the address you	u would like your ch	≥ck		
FOR TF	RAVEL RELATED EXPENSES ONLY:					
Conference Name, if applicable (no acronyms):						
Departure Date:	Return Date:					
Destination (City, State/County):						

Destination (City, St	ate/County):						
(If travel included mult	iple destinations, ple	ase include an	itinerary in	cluding lo	cations, arrival, and depar	ture dates)	
Per diem requested		No					
lf yes, list meals p	rovided by conference/	'hotel:					
Mileage requested:							
Date:	Address From:				Address To:		
Date:	Address From:				Address To:		
Personal Days: Did y	our trip include pers	onal days?	Yes	No			
If yes, which days were personal days? (Please include airfare comparison quote with receipts)							

Speedtype A: Amount or %:

B:

Faculty/PI:

Itemized expenses (Itemized receipt REQUIRED with proof of payment, including TCard charges): Include airfare, ground transportation, lodging, rental car, rental car gas, parking, baggage fees, etc.

Date	Amount	From/Supplier	Detailed Justification	Receipt? Y/N	l Self	Paymer TCard I	nt PCard

<b>.</b>		- (0 );	Detailed Justification			Payme	nt
Date	Amount	From/Supplier			Self	TCard	PCard

Please add any additional notes as necessary:

Please include which days you are claiming Per Diem for:

Date	Breakfast	Lunch	Dinner
Date	Dieakiasi	Lunch	Diffier