

Travel Authorization and Travel Reimbursement Form

Please fill out the information below and return to chbefinance@colorado.edu. This form must be completed and fully approved before making travel arrangements. When you return from your trip this form will be used to assist us with your reimbursement. Please remember to submit all receipts when you return from your trip with the expense form to chbefinance@colorado.edu

Part I
General
Information:

Name of Traveler: _____

Origination: _____

Destination: _____

Speed type(s) %: _____

Dates of Travel: From: _____ To: _____

Part II Travel Justification: (Select A or B) and provide information requested:**A. CONFERENCE****1.**1. Name of Conference AND your participation
(Example: Present a Paper, Invited Speaker, etc.)2. How supports objective of Sponsored Project (if applies) (Example: Disseminate research findings, enhance knowledge of topic, etc.) **2.****B. OTHER****1.**

1. Business Purpose (Example: Attend workshop/training, meeting, etc.)

2. How supports objective of Sponsored Project (if applies): **2.****Part III Estimated Expenses:**Airfare \$ _____ Booked through Concur? ☐ Yes ☐ No

Required: If not booked through Concur or Christopherson, attach quote from Concur showing same flight offered at higher price.

Registration \$ _____ Lodging \$ _____

Number of Days for Meals OR Dollar limit on per diem request \$

(Meals will be reimbursed on per diem rates. If including dollar limit per diem will be paid up to this amount)

Transportation (parking, mileage, rental car, etc.) \$ _____ Miscellaneous \$ _____

Itemized receipts & proof of payments required (with the exception of meals if claiming per diem)

Part IV Signatures:_____
Employee Signature_____
Date_____
Supervisor Approval *Faculty Exempt_____
Date**ChBE Accounting Use Only**Yes ☐ No

Funds Available:

Checked by:

Date: