

Department of Chemistry Reimbursement Request

Reimbursement Type: General Travel Seminar Other _____

Please Attach ALL Original Receipts and Proof of Payment (Items will be Scanned & Attached)

Travel Authorization:

- Department approval required for all travel.
 - Funds Available?
 - If 30/31-SPA Travel Approval?
 - Is travel between 5 –10* days during sem.?

-If NO, Travel Authorization Complete.
-If YES, Chair permission must be granted via e-mail and A&S Associate Dean must be notified.

For Travel Reimbursements, please include:

- Quote from state approved travel agency if you paid for airfare out of pocket

For ALL Official Functions:

- **10 people or less** – list names of all attendees and their CU affiliation.
- **More than 10 people** – list group names and numbers (i.e. 10 students, 5 faculty and 3 staff)

Payee Information (Who?)

Prepared By: _____

Payee Name: _____

Payee E-mail: _____

Employee/Vendor ID: _____

Address: _____

Description & Justification of the Expense/Travel (What & Why?)

Accounting Information

Speedtype(s): _____

Total Amount: _____

For Project Costs, Check All that Apply:

- Cost is Reasonable, Allocable to Project, and Treated Consistently.
- Item(s) purchased or expenses incurred are intended ONLY for the project listed above
- Cost is explicitly listed in the approved budget.

PI Approval for reimbursement (if payee is not PI): _____

Approved: _____

Date _____

* Should travel exceed 10 days notify Chair and Additional Approval Required.