

**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)

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**Payee Information (Who?)**

**Prepared By:** \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee E-mail: \_\_\_\_\_

Employee/Vendor ID: \_\_\_\_\_

(No Social Security Number, SSN)

Address: \_\_\_\_\_

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

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**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: \_\_\_\_\_  
Stephanie Preo or Kate Daugherty

Date \_\_\_\_\_