University of Colorado Boulder

Museum of Natural History

Reimbursements for Travel or Personal Expenses

Is this for Travel or Non Travel expense?

If for travel, is Travel Authorization signed by PI and Finance Manager? (required for all travel) ◯ Yes ◯ No

Was this purchased on a travel card, out-of-pocket, or both? Travel Card

Name: ____________________ **Email:** ____________________

CU Employee? ◯ Yes ◯ No (If no, please include if you are a US citizen/legal permanent resident and the address you would like your check mailed below.)

Justification: *(Be specific about how this travel or purchase benefits the University or sponsored project.)*

FOR TRAVEL RELATED EXPENSES ONLY:

Conference Name, *if applicable (no acronyms):* ____________________

Departure Date: ____________________ **Return Date:** ____________________

Destination (City, State/County): ____________________

(If travel included multiple destinations, please include an itinerary including locations, arrival, and departure dates)

Per diem requested: ◯ **Yes** ◯ **No**

If yes, list meals provided by conference/hotel: ____________________

Mileage requested:

Date: ________ Address From: ____________________ Address To: ____________________

Date: ________ Address From: ____________________ Address To: ____________________

Personal Days: Did your trip include personal days? ◯ Yes ◯ No

If yes, which days were personal days? (Please include airfare comparison quote with receipts)

Speedtype A: B:

Amount or %: **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	Payment Cash	Payment TCard	Payment PCard
					◯	◯	◯
					◯	◯	◯
					◯	◯	◯
					◯	◯	◯
					◯	◯	◯
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					◯	◯	◯
					◯	◯	◯

Date	Amount	From/Supplier	Detailed Justification	Receipt? Y/N	Payment Cash	TCard	PCard
					◯	◯	◯
					◯	◯	◯
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					◯	◯	◯
					◯	◯	◯
					◯	◯	◯

Please add any additional notes as necessary:

Please include which days you are claiming Per Diem for:

Date	Breakfast	Lunch	Dinner
	☐	☐	☐
	☐	☐	☐
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