

Reimbursements for Travel or Personal Expenses

Institute of Arctic and Alpine Research

Is this for Travel or No	n Travel expense?							
If for travel, is Travel A	authorization signed	by PI and Finance	Manager? (ı	required for all travel)	Yes	No		
Was this purchased or	n a travel card, out-	of-pocket, or both?	•					
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 of mailed below.)							
Justification: (Be specif	fic about how this trav	vel or purchase benef	its the Univer	rsity or sponsored project.)				
		FOR TRAVEL RELAT	TED EXPENS	ES ONLY:				
Conference Name, if	applicable (no acroi	nyms):						
Departure Date:		Re	eturn Date:					
Destination (City, Sta								
(If travel included multip	ole destinations, pleas	se include an itinerary	including lo	cations, arrival, and departu	ıre dates)			
Per diem requested: If yes, list meals pr	Yes Novided by conference/ho	No otel:						
Mileage requested:								
Date:	Address From:			Address To:				
Date:	Address From:			Address To:				
Personal Days: Did yo	our trip include persor	nal days? Yes	No					
If yes, which days were	personal days? (Pleas	se include airfare cor	nparison quo	te with receipts)				
Speedtype A:	F	3:						
	•	~.		Faculty/PI:				
Amount or %:								

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		Payment Cash TCard PCar	
				Y/N		

Date Amount From/Supplier Detailed Justi	ification Receipt Y/N	Paymen Cash TCard P	
		1	
 		1	

Please add	any additio	onal notes as nece	ssary:		Please i	nclude which	n days yo iem for:	ou are cla	iming
					Date	Breakfast			ner
						2.00			
					_				