

POST TRAVEL AUTHORIZATION FORM ****Please turn in within 2 weeks of return date****

DIRECTIONS: Please fill out ALL fields. If a field does not apply to you or will not be reimbursed to you, please mark N/A.

GENERAL INFORMATION	TRAVELER NAME		PHONE
	EMAIL (NON-CSU EMPLOYEES ONLY):		CSU ID#
	REMIT ADDRESS (NON-CSU EMPLOYEES ONLY):		
	ACCOUNT(S) TO BE CHARGED (WILL <u>NOT</u> BE PROCESSED WITHOUT ACCOUNT #)		
	DESTINATION (CITY, STATE OR INTERNATIONAL)	DEPARTURE DATE (MM/DD/YY)	REIMBURSEMENT LIMIT
	RETURN DATE (MM/DD/YY)		

ADDITIONAL INFORMATION

Travel reimbursements will be checked to ensure they have been approved by the traveler within 60 days of the trip end date. Any reimbursement not approved by the traveler in Kuali within 60 days of the trip end date will be required to be included in their taxable income.

TRIP JUSTIFICATION:

PER DIEM	If you were provided any meals, please list the date and the meal type below (i.e. hotel provided breakfast, conference provided meals, etc.):		If you shared lodging with csu employee(s), please provide ALL name(s) and ID:
	DATE:	MEAL (BREAKFAST, LUNCH, DINNER):	
	LODGING TOTAL \$		



REIMBURSABLE EXPENSES	YOU MUST PROVIDE ORIGINAL <i>ITEMIZED</i> RECEIPTS IN ORDER TO BE REIMBURSED				
	CREDIT CARD STATEMENTS WILL NO LONGER BE ACCEPTED BY CSU				
	BAGGAGE FEES	PARKING	REGISTRATION FEE	PAID VIA P-CARD	RENTAL CAR
	TAXI/SHUTTLE/METRO	TOLL ROAD FEES	MISCELLANEOUS		
MILES	*DIA STANDARD MILEAGE IS 140 MILES ROUNDTRIP **INCLUDE MAPQUEST DIRECTIONS FOR ALL OTHER MILEAGE CLAIMS				

SPECIAL INSTRUCTIONS/ NOTES/ QUESTIONS FOR THE TRAVEL PREPARER
LIST PERSONAL DAYS HERE IF APPLICABLE

Questions, concerns, and forms may be directed to Psytravelservice@lists.colostate.edu