

COLUMBUS STATE

COMMUNITY COLLEGE

Date

TRAVEL EXPENSE FORM

Voucher #

Reference College Policy & Procedure Manual Chapter 9-06 (A) Not intended for local meetings
Appropriate approvals and receipts must be included for reimbursement for all expenses except meals.

<u>NAME</u>	<u>DEPT & EXTENSION</u>
<u>COUGAR ID NUMBER</u>	<u>DATE(S) OF MEETING</u>
<u>PURPOSE OF TRIP</u>	<u>DATE OF DEPARTURE</u> <u>RETURN</u>
<u>LOCATION OF MEETING (City and State)</u>	

Please indicate how you would like to receive your check:

MAIL CHECK TO HOME ADDRESS PICK UP CHECK AT CASHIERS OFFICE, Rhodes Hall 2nd Flr.

TRANSPORTATION COST Check appropriate box(es)

Air Private Auto (\$0.5 /mile x)
Bus Other (specify)

OUT OF POCKET EXPENSES

EXPENSES PREPAID BY CSCC

REGISTRATION FEES

(If you are claiming reimbursement for registration fees only, please use the Registration Fees form available on the Intranet.)

LODGING - Provide itemized receipt

LOCAL TRANSPORTATION COST* Check appropriate box(es) Attach receipts

Taxi Bus Subway Shuttle
Other (specify)

MEALS

See Policy & Procedure Manual Procedure No. 9-06 (A) (4)

Number of meals **not** provided by meeting/conference

Breakfast: Lunch: Dinner:

PARKING—Attach receipts

MISCELLANEOUS EXPENSES (specify)

Totals
Reimbursement Requested
Total College Expenses

Employee Signature	Date	Chair/ Supervisor	Date
<small>I certify that these expenses are accurate and directly related to college business</small>		<small>I certify that these expenses are accurate and directly related to college business</small>	
Dean/ Director	Date	Cabinet (executive office)	Date
Account Number		Project ID (if applicable)	
P.I. Approval (if project ID indicated above)	Date		

Forward completed form to Travel Office or email to travel@cscs.edu within 30 days of return

Revised 01/2019