

(This form must be attached with a Check Request Form)

ASSOCIATED STUDENTS SAN DIEGO STATE UNIVERSITY TRAVEL EXPENSE REPORT

To be used for:
**TRAVEL
ITEMIZATION
REIMBURSEMENT**

Version
Final

GENERAL INFORMATION: (All items in this section must be filled in)

Name of person travelling: _____

Destination: _____

Purpose: _____

Left San Diego: Date: _____ Time: _____

Return to San Diego: Date: _____ Time: _____

Method of travel: _____

Attach official conference agenda showing conference dates and meals provided, if requesting meal reimbursement.

EXPENSES:

	Date:	Breakfast \$	Lunch \$	Dinner \$	Incidental \$	Total Cost:	Reimbursed previously:
MEALS: (Not covered by conference fee)	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
LODGING: (If lodging exceeds allowable amount, document reason):	_____					_____	<input type="checkbox"/>
	_____					_____	<input type="checkbox"/>
TRANSPORTATION: (If auto or van, include mileage)	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
OTHER: (Be specific in description)	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
TOTAL OF EXPENSES:						TOTAL \$ _____	

(PRINT FORM, THEN SIGN)

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT _____
signature

I authorize reimbursement of my expenses to be paid to: _____