

POST TRAVEL WORKSHEET

Traveler: _____ CSU ID # _____

Non-employee address: _____

Non-employee email _____ Non-employee phone # _____

Account Number to be charged _____ (cannot process travel without this number)

Departure Date _____

Detailed Justification of Trip

Return Date _____

| DATE: | Breakfast | Lunch | Dinner | Lodging | Location |
|-------|-----------|-------|--------|---------|----------|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

If you shared LODGING with CSU employee(s), please provide name(s): _____

OTHER REIMBURSABLE EXPENSES

MISCELLANEOUS

Personal Vehicle _____ miles

Item

Registration Fee \$ _____

Rental Car \$ _____

Taxi/Shuttle/Limo \$ _____

Airline ticket \$ _____

Received TRAVEL ADVANCE ____ Yes ____ NO