

TRAVEL EXPENSE REIMBURSEMENT FOR NON-WORKERS

LSUS AS541-NW

Complete this form to request reimbursement of University travel expenses for non-employees.
Please attach required receipts and supporting documentation as outlined in PM-13.

DEPARTMENT		REQUEST DATE	
CONTACT		PHONE	

TRAVELER NAME	
MAILING ADDRESS	
DATE/TIME OF DEPARTURE	
DATE/TIME OF RETURN	
DESTINATION AND PURPOSE OF TRIP	

TRAVEL EXPENSES PAID BY LACARTE OR CBA ACCOUNT

EXPENSE	DESCRIPTION	AMOUNT
REGISTRATION		
AIRFARE		
OTHER		
TOTAL CHARGES		

TRAVEL EXPENSES PAID WITH PERSONAL FUNDS

DATE	SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
BREAKFAST								
LUNCH								
DINNER								
AIRFARE								
PERSONAL MILEAGE								
VEHICLE RENTAL/GAS								
PARKING/TOLLS								
SHUTTLE/TAXI								
LODGING								
REGISTRATION FEES								
PORTER TIPS/OTHER								
TOTAL REIMBURSEMENT								

PROGRAM/GRANT/GIFT/PROJECT NUMBER AND NAME	AMOUNT
TOTAL REIMBURSEMENT	

TRAVELER'S ACKNOWLEDGEMENT

I certify that the expenses claimed for reimbursement on this request were paid with my personal funds and incurred on University business travel.

TRAVELER'S SIGNATURE		DATE	
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