

**CEMML
POST-TRAVEL WORKSHEET**

TRAVELER _____

Account to be charged _____

Transportation: CSU Vehicle Private vehicle Airplane

Departure Dates

Return Dates

(F = Furnished Checkmark = Reimburse)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Lodging</u>	<u>LOCATION</u>	<u>JUSTIFICATION for the TRAVEL</u>

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

Shared **RIDE** with _____

OTHER REIMBURSABLE EXPENSES

Personal Vehicle miles

Registration Fee \$ _____

Rental Car \$ _____

Taxi/Bus/Limo \$ _____

MISCELLANEOUS

<u>date</u>	<u>item</u>	<u>\$</u>

I certify the statements herein are true and just in all respects; that payment of the amounts claimed has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on State business and that no claims are included for expense of a personal or political nature or for any other expense not authorized by the State of Colorado Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed.

SIGNATURE OF TRAVELER: _____