

College of Music & Dramatic Arts Personal CC Reimbursement Form

ALL RECEIPTS MUST BE ATTACHED (PDF OR HARD COPY) AND SUBMITTED WITH THIS FORM.

Traveler:		Date Submitted:	
Destination:			
Departure Date:		Return Date:	
Time of Departure:		Time of Return:	

EXPENSES PAID ON PERSONAL FUNDS		
Expense	\$ Amount	Transaction Description
Registration	\$	
Airfare	\$	
Luggage Fee	\$	
Airport Parking	\$	
Lodging*	\$	
Mileage**	\$	
Meals	\$	
Rental Car	\$	
Miscellaneous	\$	
* if CONFERENCE LODGING , proof of conference hotel/rate must be attached		
Total Amount Requested for Reimbursement ----->		\$

**Google Maps (or other) must be attached to claim mileage reimbursement. Out of State mileage must have a LSU travel agent flight quote attached.

I certify that all expenses claimed on this request were paid by me and incurred on University business. I also certify that I have submitted all receipts and filled out this form complete as to the best of me knowledge.

Traveler: _____

Date: _____