

COLORADO SCHOOL OF MINES

Travel Expense Report

Report Name Format: Initials (LastFirst), Departure (MMDDYY), Dept. Abbreviation
 Example: QA060619MAPS

Accounts Payable use only:

TE	
TA	

IDOC #:	TDX Ticket#:
Date:	Banner Entry By:

Traveler (Last, First)	CWID (If none attach W9 or explain)	Funding Information			Financial Manager Approval (signature)
		Index	Account Code	Amount	
Title (Affiliation to Mines)	Dept. Abbreviation				
Mailing Address - Street (confirm your Payroll/Tax Address matches Trailhead)					
City	State	Zip Code			
Total Payment Amount					

Trip Details and Travel Destination/s:

Travel Day	Location <small>Destination broken out by day, travel dates required</small>	Date (s)	Mileage: (CSM to DIA = 40. No map needed)		Select Which if any meals are deducted				Daily Per Diem Total	Total Reimbursable
			No. of Miles	Rate	Bkfst.	Lunch	Dinner	Travel Day		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Column Totals										

OTHER TRAVEL EXPENSES	
Description	Amount
PAID DIRECTLY BY SCHOOL	
Airfare (Ghost Card and or One Card)	
Registration and/or Program Fees	
Other- please specify	
PAID FOR BY TRAVELER (Out Of Pocket/Reimbursable Expenses)	
Airfare	
Registration	
Taxi/Shuttle	
Parking	
Rental Car	
Hotel/Lodging	
Other- please specify	
Other- please specify	
Total Other Travel Expenses	
1. Total Mileage & Meals	
2. Total of Other Travel Expenses	
3. Total Travel Expenses (Total Lines 1 & 2)	
4. Deductions: Travel Advance Expenses Paid Directly by School	
5. Amount Due	If + school to traveler If (-) traveler to school

Certification

I certify that the statements in this report are true and correct in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other source; that travel performed for which a cash advance or reimbursement is claimed was performed by me while on official school business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by CSM Financial Policies; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. Further, I hereby authorize the School to deduct from my pay any amount paid to me in excess of my authorized expenses as provided by CSM Financial

Approval Signatures & Dates

Traveler (Type Name)	Preparer (if not traveler) (Type Name)	Accounts Payable

The following are necessary only when require for International Travel, Sponsored Grant funding, and or multiple indices.

International Office/Provost (Associate)	Additional Dept Head	Research Administration