

COLORADO SCHOOL OF MINES

Travel Authorization and or Cash Advance Request

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

Accounts Payable use only:	
IDOC #:	
Date:	
TDX Ticket#:	
Banner Entry By:	

Traveler (Last, First)	CWID (If none attach W9)	Title (Affiliation to Mines)	Department	Estimated Expenses Please include the estimated costs for both your out of pocket expenses and prepaid items so the entire trip budget is being approved.	
Travel Dates (If you will be visiting multiple locations please detail specific dates below for each destination respectively.)				Reimbursable/Out of Pocket Expenses	
Departure Date		Return Date		Rate	Trip Estimate
Destination(s):(City and State or Province and Country)				Per Diem	
				Lodging	
Purpose and Justification of Travel* (For research projects, provide justification as it pertains to the index charged)				Registration Fee	
				Mileage	
				Rental Car	
				Taxi or Bus	
				Airline Ticket	
				Other - Specify	
				Estimated Reimbursable Amount	
Funding Information				Estimated University Paid Expenses	
Index	Account Code	Maximum Amount	Financial Manager Approval Signature	Airfare	
				Lodging	
				Registration Fee	
				Rental Car and or Fuel	
				Other - Specify	
				Total Travel Expense	

Cash Advances (if applicable)	Cash Advance Amount Requested
<p>\$1500.00 maximum for individual travel, \$1500.00 per person for group travel</p> <p>NOTE: Cash advances are normally available one week before travel occurs. All exceptions must be approved by the Controller. Cash Advances may only be requested for anticipated Out-of-Pocket expenses that will be incurred while IN travel status. All requests must be submitted at least 10 business days before you trip begins.</p>	

Certification (please read below before submitting)

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 Policies.

	YES	NO		YES	NO
Does this trip involve Student International Travel?			Is trip for Professional Consulting (Sec 3.1 of CSM Manual?)		
If yes, have you submitted a list of students to OIP?			If yes, have appropriate forms been filed?		

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 Department Head/FM	Research Administration

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TE		Department
TA		

Accounts Payable use only:	
IDOC #:	TDX Ticket#:
Date:	Banner Entry By:

Traveler (Last, First)	CWID*	Title (Affiliation to Mines)	Funding Information			Financial Manager Approval (digital signature)
			Index	Account Code	Amount	
Mailing Address: <small>(confirm your Payroll/Tax Address matches Trailhead and or W9)</small>						
Trip Details & Notes (ie: Attending a Conference, Presenting a Paper, Field Study etc.)						
						Total Payment Amount

Travel Day	Location	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	Daily Mileage Payment	Bkfst.	Lunch	Dinner		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Column Totals										

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

Certification, Approval Signatures & Dates

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Office of International Programs/Provost (Associate)	Additional Department Head or Financial Manager	Research Administration

***(If none attach W9 or explain)**