

REFERENCE NUMBER/PO#:	
DATE	

NON-EMPLOYEE REIMBURSABLE TRAVEL EXPENSES - INVOICE

This document is required for AP Check Request and P-Card

Expenses must be in accorda	nce with the CSU Travel	Policy. For details, pl		//finance.fullerton.e	edu/documents/controller	/travel/Tra	avelPolicyForNonEmployees.pdf	
Name								
Address								
City, State, and Zip								
Check Appropriate Box: Accreditation						(Guest Lecturer/Speaker)		
DESCRIPTION / SERVICE	DATES:							
DATE	EXPENSES						AMOUNT	
	1) Airfare and	d Baggage						
	2) Automobile (mileage-private vehicle)							
	3) Ground Transportation (taxi, shuttle, bus)							
	4) Incidentals							
	5) Lodging (Daily - not to exceed \$275 excluding tax)							
	6) Meals (Car	not be charged	d directly to a	P-Card)				
	7) Parking and Tolls							
	8) Rental Car							
	9) Other				(5 50.00)			
	10) LESS: Expense Paid By P-Card. Enter amount as a negative (Ex: -50.00). Attach detail for all P-Card Expense items. TOTAL EXPENSES							
SIGNATURE:						Date		
CHARTFIELD:								
ACCOUNT (6)	FUND (5)	DEPT ID (5)	PROG (4)	CLASS (5)	PROJECT (8)		AMOUNT	
ACCOUNT (6)	FUND (5)	DEPT ID (5)	PROG (4)	CLASS (5)	PROJECT (8)	_	AMOUNT	
ACCOUNT (6)	FUND (5)	DEPT ID (5)	PROG (4)	CLASS (5)	PROJECT (8)	_	AMOUNT	
	TOTAL CH	ARTFIELD (mus	t equal total e	expenses)				
Requestor						Ext.		
Approval	(Annrover must l	oe an authorized [Delegation of Au	thority for Chec	(Reguest)	Date		
COMMENTS:	(Approver must i	oc an authorized t	Jelegation of Au	enoney for check	. печисог/			
CHECK HANDLING INSTR	UCTIONS:							