LSU
LOUISIANA STATE UNIVERSITY

Document # _____

Submit by the 15th of the month following completion of travel.

TRAVEL EXPENSE REIMBURSEMENT REQUEST FOR NON WORKERS — AS300-NW

Traveler		Contact	
Dept		Phone	
LSU ID		E-mail	
Destination			
Purpose of Travel			

Travel Expenses Paid by LaCarte or CBA (not included in this reimbursement)

Date	Expense	Exp Report #	Description	Amount
	Registration			
	Airfare			
	Luggage			
	Vehicle Rental/Gas			
	Hotel			
	Airport Parking			
	Other/Miscellaneous			

Section A **Mileage Reimbursement (Must be documented by odometer reading or attach web-based mileage calculation)**

Date	Odometer Beginning*	Odometer Ending*	Total Miles	Rate	Amount
				A Subtotal	

Section B **Travel Expenses Paid with Personal Funds - Airfare, Auto & Other (not paid via LaCarte or CBA)**

Date	Expense	Description (attach original itemized receipts)	Amount
	Registration		
	Airfare		
	Luggage		
	Vehicle Rental/Gas		
	Airport Parking		
	Other/Miscellaneous		
	Other/Miscellaneous		
		B Subtotal	

Section C **Travel Expenses Paid with Personal Funds - Meals, Lodging & Other (not paid via LaCarte or CBA)**

Date	Time from Domicile	Time to Domicile	MEAL PER DIEMS			Lodging	Shuttle and Taxi	All other forms of Transportation	Parking Tolls	Baggage Tips ($1/bag)	Business Calls/ Internet	Amount
			Breakfast	Lunch	Dinner							
										C Subtotal		

APPROVALS
I certify that the expenses claimed for reimbursement on this request were paid with my personal funds and incurred on University business travel.
Traveler Date

Current mailing address is required	
Address 1	
Address 2	
City, State, Zip	
Country	

Total This Page - (Sections A, B & C)	
Total - All Pages (Sections A, B & C)	
Less Cash Advance	
TOTAL DUE *	

FOR ACCOUNTING SERVICES USE ONLY	
PO#	
Audited by & Date	
Cash Advance #	

FDM WORKTAGS

Spend Category	Program	Project	Gift	Grant	Additional Worktags	Amount