

**COLORADO MESA UNIVERSITY**  
**NON-EMPLOYEE REQUEST FOR REIMBURSEMENT**

**Note: If paid as an independent contractor, expenses are not reimbursable.**  
**Original receipts are required. Please make copies for your records.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reimbursement for the following is disallowed:

- Any expenses for a spouse
- Rental car expenses
- Alcoholic beverages
- Personal phone calls, movie rentals, etc.

1. Airfare \_\_\_\_\_ \$ \_\_\_\_\_  
(Airline receipt stub required for reimbursement if paid by candidate.)

2. Personal vehicle \_\_\_\_\_ miles @ \$.50/mile (4 WD @ \$.53) = \$ \_\_\_\_\_

3. Meals: (Maximum reimbursed per day is \$49.00 – itemized receipts required)  
(Note: Credit card receipts not accepted; restaurant receipts listing order details are needed.)

Date \_\_\_\_\_ Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_

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Date \_\_\_\_\_ Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_

Total Meal Expenses: \$ \_\_\_\_\_

4. Parking (Receipt required for any single parking expense over \$10.00) \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

**(For Colorado Mesa University Use Only)**

Authorized Signature	Org. Code	Acct. Code	Amount