**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) = $

1. 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 $\_\_\_\_\_\_\_\_\_

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

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

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

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

1. 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[