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	<u> </u>			
ax:			E-mail:				
	Reimh	ursement for the fol	lowing is disallowed				
	Kenno		expenses for a spou				
			tal car expenses				
			oholic beverages				
		• Pers	onal phone calls, mo	ovie rental	ls, etc.		
	Airfare (Airline receipt stub required for reimbursement if paid by the cand					\$	
(A	Airline receipt s	tub required for re	imbursement if pai	d by the	candidate.)		
. Bi	us and Taxi fare				\$		
(A	(All receipt stubs are required for reimbursement if paid by the candidate.)						
. Pe	Personal vehiclemiles @ \$.53/mile (4WD @ \$.56/mile) \$_4WD is allowed November 1st - March 31st						
. 10							
			ted; restaurant recei				
	Date	Breakfast \$	Lunch \$	Di	nner \$	<u> </u>	
	Date	Breakfast \$	Lunch \$	Di	nner \$	_	
	DateBreakfast \$Lunch \$Dinner \$					<u> </u>	
	Total Meal Expenses:					\$	
. Pa	Parking (Receipt required for any single parking expense over \$10.00)					\$	
	Signature of Traveler						
		Date					
E C .	1 1. 14 - 77						
For Col		niversity Use Only) ted Signature	Org. C	'ode	Acct. Code	Amount	
	Aumonz	ed Digitatuic	Oig. C	ouc	Acci. Coue	Amount	