



CAMERON UNIVERSITY FOUNDATION, INC.

REQUEST FOR TRAVEL REIMBURSEMENT

Make Check Payable to: _____

Address: _____

Cameron ID # _____

Account Number: _____ Account Name: _____

Purpose of Trip: _____

Destination: _____ Date: _____

Was a State travel claim filed for this trip? Yes No

If Yes, attach State travel claim and copy of approval by Executive Committee
(See Cameron University Foundation Policies and Procedures, Section V.D.4)

Request reimbursement for the following travel expenses per attached approved original receipts:

Meals	_____
Lodging	_____
Gasoline/Mileage	_____
Turnpike Toll	_____
Registration	_____
Miscellaneous	_____

	=====
TOTAL	_____

(Person Making Request) (Date)

(Account Manager) (Date)

(Monitoring Authority) (Date)

Request Exceeding \$1,000 Requires Approval of Two Officers:

(Authorized Signature) (Date) Check No. _____

Date _____

(Authorized Signature) (Date)