LSU
LOUISIANA STATE UNIVERSITY

Document # _____

Submit by the 15th of the month following completion of travel.
This request should be for out of pocket expenses only.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

AS300

Traveler	
Dept	
LSU ID	
Destination	
Purpose of Travel	

Contact	
Phone	
Fax	
E-mail	

Section A **Registration Fees**

This should only include Registration Fees paid with personal funds (not paid via LaCarte or CBA)

A Subtotal

Section B **Airfare & Auto**

Date	Expense	From	To	Description	Amount
	Airfare *(not paid by CBA)*				
	Luggage				
	Vehicle Rental				
	Mileage *(w/documentation)*			_____ miles @ _____ per mile	
	Airport Parking				

B Subtotal

Section C **Meals, Lodging & Other**

Date	Time from Domicile	Time to Domicile	MEAL PER DIEMS			Lodging	Transportation	Parking Tolls	Baggage Tips ($1/bag)	Business Calls/ Internet	Amount
			Breakfast	Lunch	Dinner						

C Subtotal

Section D **Miscellaneous & Incidental**

Date	Expense	Description	Amount

D Subtotal

APPROVALS	
I certify that the expenses claimed on this request were paid by me and incurred on University business.	
Traveler	Date
Immediate Supervisor	Date
Other Approval (optional)	Date

Total - This Page	
Total - All Pages	
Less Travel Advance	
TOTAL DUE *	

_____ Due LSU _____ Due Traveler

** If reimbursement is due to a non-employee, address is required:*

Address 1	
Address 2	
City, State, Zip	
Country	

FOR ACCOUNTING SERVICES USE ONLY			
PO #		Mapping Acct	
		Travel Advance #	
Audited by & Date			

Account #	Obj Code	Project #	Amount