

CSE Travel/Reimbursement Cover Sheet

PART I

Updated 12/14/2017 - DC

Reference# _____

Processor _____

Submitted to SSC

Date of sub _____

This report is for expenses related to:

*** I am:**

Travel **Reimbursement**

Faculty **Staff**

Hosting (include a list of attendees and affiliations in notes or attached with receipts)

Student with a fellowship **GSRA/GSI**

* Note: Meals consisting of ONLY UM faculty/students may not be taken at a restaurant

Post-Doc/Research Fellow

Meeting held in Beyster Building? Y N

Temp/Hourly Employee **Visitor/Other**

Alcohol served? Y N

Name: _____

Uniqname: _____

* For questions, please contact the traveler directly.

Business Purpose (Why is UM paying for this expense? i.e. Attend and present at XX conference):

Departure Date: _____ **Return Date:** _____ **Purchase/Hosting Date:** _____

* Note: If personal travel is included, please explain in notes

Destination: _____ **Conference Name:** _____

Project name/shortcode: _____ **Alcohol shortcode:** _____

Faculty signature (required for student expenses): _____ ***Date:** _____

PART II (Please see receipts for amounts)

Per Diem (standard unless box below is checked):

* Standard (all meals)

Only meals as described below:

Date: _____ B L D Date: _____ B L D Date: _____ B L D

Date: _____ B L D Date: _____ B L D Date: _____ B L D

Date: _____ B L D Date: _____ B L D Date: _____ B L D

Notes: