

# COLORADO SCHOOL OF MINES

Report Name Format: Initials (LastFirst), Depart. (MMDDYY), Dept. Abbreviation (Example: QA060619MAPS)

TE

TA

Department

Accounts Payable use only:

IDOC #:

TDX #:

Date

Initials

Traveler (Last, First)		CWID*	Title (Affiliation to Mines)	Funding Information			Financial Manager Approval (digital signature)
				Index	Account Code	Amount	
Mailing Address: (confirm your Payroll/Tax Address matches Trailhead and/or W9)							
Trip Details & Notes (ie: Attending a Conference, Presenting a Paper, Field Study, etc.)							
				Total Payment Amount			

Location		Date (s)	Mileage: (Mines-DIA = 40 No map needed)			Check off any meals that are being deducted from per diem.				Daily Per Diem Total	Total Reimbursable
Destination broken out by day; travel dates required			No. of Miles	Rate	Daily Mileage Payment	Bkfst.	Lunch	Dinner	Travel Day		
1				Fixed Rate							
2											
3											
4											
5											
6											
7											
8											
9											
10											

OTHER TRAVEL EXPENSES						1.Total Mileage & Meals  2.Total of Other Reimbursable Travel Expenses  3.Total Travel Expenses (Total Lines 1 & 2)  4.Deductions: Travel Advance  Pre-Paid Expenses covered by Mines  5. Amount Due  If + school to traveler If (-) traveler to school					
PAID DIRECTLY BY SCHOOL											
Airfare (Ghost Card and/or One Card)		Registration and/or Program Fees		Other- please specify							
PAID FOR BY TRAVELER (Out Of Pocket/Reimbursable Expenses)											
Airfare		Hotel/Lodging		Taxi/Shuttle							
Parking		Rental Car		Registration							
Other- please specify		Other- please specify		Other- please specify							

Certification, Approval Signatures and Dates		
I certify that the statements in this report are true and correct in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other source; that travel performed for which a cash advance or reimbursement is claimed was performed by me while on official school business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by Mines Financial Policies; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. Further, I hereby authorize the School to deduct from my pay any amount paid to me in excess of my authorized expenses as provided by Mines Financial Policies.		
Traveler (Type Name)	Preparer (if not traveler) (Type Name)	Accounts Payable
The following are necessary only when required for International Travel, Sponsored Grant funding, and or multiple indices.		
Office of International Programs/Provost (Associate)	Additional Department Head or Financial Manager	Research Administration
*(If none attach W9 or explain)		