

Travel and Expense Reimbursement Form
Business Office

Name: _____

Please submit the completed form with the supporting documentation (original receipts) attached directly to the Business Office located at 120 N. Clovis Ave. or email to AP@chsu.edu. Claims for reimbursement must be submitted within a reasonable period, which the IRS defines as within 60 days after the expenses were paid or incurred. **Expenses submitted after 60 days will not qualify for reimbursement.**

BUSINESS RELATED EXPENSES

Date	Description Include name of person(s) or company hosted, business purpose, destination and/or location, sub-ledger descriptions, if applicable	College Code	Department Number	Professional Licensing & Dues	Supplies	Business Meals	Employee Procurement	Special Events	Other Expenses	Total Expenses
<i>Use a separate line for each item or event.</i>				71410	72500	71600	73600	75600		
Total Business Related Expenses										

TRAVEL RELATED EXPENSES

Name: _____

Date	Description Include name of person(s) or company hosted, business purpose, destination and/or location, sub-ledger descriptions, if applicable	College Code	Department Number	Registration Fees	Air, Taxi, Car Rental, Gas, Parking, etc.	Lodging (Room & Tax only)	Breakfast	Lunch	Dinner	Total Expenses
							Travel Meals Daily allowance = \$80/day			
<i>Use a separate line for each day</i>				71300	71500	71500	71650			
Total Travel Related Expenses										

MILEAGE REIMBURSEMENT

Use a separate line for each round trip. Please submit a Google Maps printout with your "To" and "From" destination to verify the total mileage with this form. Effective 1/1/26 the 2026 IRS mileage rate is \$0.725

Date	Description Include the reason for travel and location name.	College Code	Department Number	From Location	To Location	Total Miles
Total Mileage Reimbursement						

TOTAL REIMBURSEMENT: _____

Claimant Confirmation:

I certify that this claim is correct and expenses are in line with CHSU policy. If auto mileage is claimed, I further certify that the registered owner of the auto used has current Bodily Injury and Property Damage Insurance in the amounts specified under the California Financial Responsibility.

Supervisor Approval:

I have reviewed the reimbursement request, certify that these expenses are in line with CHSU policy, and approve the requested amount to be reimbursed and charged against the listed budget(s).

Claimant Signature

Date

Supervisor or Budget Manager Signature

Date