

This form must be submitted by any individual claiming reimbursement from the CCSU Foundation and submitted along with a completed Disbursement Order. Receipts or other supporting documentation must be attached.

LODGING, MEALS & ENTERTAINMENT

Date(s)	List names of person(s) involved	Meals	Lodging	Total
	Relationship to Foundation activity			
Total Lodging, Meals & Entertainment:				

TRAVEL

Date(s)	From	To	# of miles	Amount @ \$ per mile	Parking & Tolls	Total
	Relationship to Foundation activity					
Total Travel:						

OTHER EXPENSES

Date(s)	Description of expense	Total
	Relationship to Foundation activity	
Total Other Expenses:		

Report Total:

Date _____

I certify that the above expenditures have been incurred for approved Foundation purposes, are properly due, and have not been reimbursed from other sources.

Print Name _____ Signature _____