

Faculty Development Expense Reimbursement Form

Complete and submit this form for DLF approved faculty development workshops/conferences. Include all original receipts with this form. Be sure to review the DLF Procedures and CSM Travel Policy.

NOTE - For mileage, calculate your one-way mileage from your CSM Primary Campus using MapQuest Route Planner to find the shortest route (<http://www.mapquest.com/routeplanner/>) or Yahoo Maps - Directions. Print the page (or take a screen shot and print) that clearly shows the one-way mileage.

1. General Information

Last Name	
First Name	
College ID (This can be found at Online Services > Faculty > What's my student/staff ID?)	
Employee Type - Select one	<input type="checkbox"/> Full-time Faculty <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Staff
Division (Type the CSM abbreviation (e.g., CAH))	
Primary Campus - Select one	<input type="checkbox"/> 10 LAPL/WALD <input type="checkbox"/> 20 PRIN <input type="checkbox"/> 30 LEON
Groupwise Email	
Phone #	
Conference Name	
City, State of Conference	
DLF Reference # (to be added by DLF)	

2. AFACCT Conference

If this expense reimbursement is for AFACCT, enter the information below and continue with section 10 (Total All Expenses). If not, see the next section.

Type	Details by Date or Miles	Total Amount
AFACCT Mileage - Enter the total roundtrip miles and the total amount (miles x \$0.50)		
AFACCT Lodging - Enter hotel cost for 1 night		

3. Conference/Travel Dates

Departure Date	
Return Date	

4. Conference/Registration Fee

Type	Details	Total Amount
Registration Fee		
Certification Fee		
Other Related fee		

5. Transportation to and from Conference

Type	Details by Date (or Miles)	Total Amount
<input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car Rental <input type="checkbox"/> Personal Car		
Mileage to and from Airport/Train/Bus- Use the standard mileage reimbursement of \$0.50 per mile		
Parking Fee(s)		

6. Transportation during Conference

Type	Details by Date (or Mileage)	Total Amount
Amount of transportation during conference For example, fare(s) for metro, taxi, or bus		

7. Lodging

Type	Details by Date	Total Amount
Amount for Lodging		

8. Meals

To determine the maximum reimbursement for meals, go to <http://www.gsa.gov/portal/category/104711>
Select the city and state to get the per diem rate. Enter the rate below.

Meals Per Diem per GSA:			
Date	Breakfast, Lunch, or Dinner	Restaurant Name	Amount
Total Meals:			

9. Other

Description	Details by Date	Total Amount

10. Total All Expenses

Provide a total for all expenses

Total	
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11. I certify that this information and original receipts attached are correct and comply with CSM Travel Policy and DLF Procedures.

Faculty/Adjunct Signature:	
Date:	

For DLF Use Only

Cost Center Manager Approval (Sign)			
DLF Chair Approval (Sign)			
Account Number		Amount	
Account Number		Amount	
Account Number		Amount	
Date Entered into Works		More Expenses to come?	
Date Accepted in Works		Entered into DLF xlsx	