



Travel Expense Reimbursement Request Agreement

Required for all University Guests and Students. (Not for the use of CSUB employees). Must be signed by the traveler / payee and included as part of the Expense Claim backup in Concur.

Claimant's Name:
Mailing Address:
Dates of Travel:
Purpose of Trip:
\$ Amount Requested:
Student ID (If applicable):

By signing this form, I certify that:

1. This is a true and accurate accounting of expenses incurred by me to accomplish official business for the CSU, **and**
2. Expenses do not include alcohol, **and**
3. There are no expenses claimed which are of a personal nature or which I have been told are unallowable, **and**
4. I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed, **and**
5. I have provided all required receipt images to be attached to my travel expense report.

Claimant's signature: _____ Date: _____

Contact email or phone number: _____

If you have questions, please reach out to your CSUB contact or to the travel department at accounts_payable@csub.edu.