NORTH STATE TOGETHER

Travel / Expense Reimbursement Report

Name:_____ Start Date/Time:_____

Destination: _____ End Date/Time:_____

TRAVEL EXPENSES INCURRED:

Date	Description	Transportation	Lodging	Meals	Other	Total
					Less Travel Advance	
					Total Reimbursement Requested	

Authorizations

I certify that all expenses listed above are accurate and true and incurred for the benefit of North State Together.

Signature: _____ **Date:** _____

Approval: _____ **Date:** _____

Please tape all receipts on a separate piece of paper and submit with completed Travel/Expense Reimbursement Report.
Out of state travel requires approval of Shasta College Foundation and Shasta College Cabinet/Board.