CALIFORNIA STATE UNIVERSITY, FULLERTON

REFERENCE NUMBER/PO#: _____

DATE _____

NON-EMPLOYEE TRAVEL EXPENSES - INVOICE
This document is required for AP Check Request and P-Card
Travel Policy for Non-Employees

Name _____

Address _____

City, State, and Zip _____

Check Appropriate Box:

Accreditation   Official University Guest   Independent Contractor   Honorarium *(Guest Lecturer/Speaker)*
                                                          (Pcard not permitted)

DESCRIPTION / SERVICE DATES: _____

DATE	EXPENSES	AMOUNT
_____	1) Airfare and Baggage	_____
_____	2) Automobile (mileage-private vehicle)	_____
_____	3) Ground Transportation (taxi, shuttle, bus)	_____
_____	4) Incidentals	_____
_____	5) Lodging (Daily - not to exceed $275 excluding tax)	_____
_____	6) Meals (Cannot be charged directly to a P-Card)	_____
_____	7) Parking and Tolls	_____
_____	8) Rental Car	_____
_____	9) Other	
	10) **LESS: Expense Paid By P-Card.** *Enter amount as a negative (Ex: -50.00). Attach detail for all P-Card Expense items.*	_____
	TOTAL EXPENSES	

SIGNATURE: _____ **Date** _____

CHARTFIELD:

ACCOUNT (6)	FUND (5)	DEPT ID (5)	PROG (4)	CLASS (5)	PROJECT (8)	AMOUNT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL CHARTFIELD (must equal total expenses)

Requestor _____ Ext. _____

Approval _____ Date _____
(Approver must be an authorized Delegation of Authority for Check Request)

COMMENTS: _____

CHECK HANDLING INSTRUCTIONS: _____