



**CREDIT CARD TRAVEL
REIMBURSEMENT FORM**

University Hall 360
Phone: (818) 677-2945
Fax: (818) 677-4851
Mail Code: 8202

I hereby request reimbursement for travel expenses incurred on my credit card. Attached is my credit card bank statement, and individual itemized receipts.

I certify that this reimbursement request is for travel expenses incurred by me in accordance with the applicable California State University, Northridge procedures and that all items were for the official business of the University. I will properly submit a Travel Expense Claim form within 30 days upon returning.

ALL reimbursed expenses **MUST** be included on the Travel Expense Claim form.

Traveler's Name: _____ Department Name: _____

CSUN ID: _____ Requisition No: _____

Date of Trip: _____ Destination: _____

Vendor Name: _____ Amount: \$ _____

Vendor Name: _____ Amount: \$ _____

Vendor Name: _____ Amount: \$ _____

Traveler's Signature: _____ Date: _____ Ext: _____