

CSTE Sponsored Traveler Reimbursement Form

Directions for submission: Please complete the entire form below. Sign and submit this form to the CSTE National Office via email submission to travel@cste.org. **Receipts must be included for all claimed expenses.** The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (25% for breakfast, 25% for lunch, and 50% for dinner), 75 percentage of per diem is earned on the days of travel. Specify any provided meals within the expense chart. All requests for travel reimbursement must be submitted as soon as possible after completion of travel, but no later than **60 days** after the travel occurred, using the CSTE Travel Reimbursement Request Form, and accompanied by required receipts or documentation. If the reimbursement request is not submitted and accepted as complete by the CSTE Finance Department within 60 days, then the reimbursement is considered taxable income or not approved unless unforeseen or extenuating circumstances are provided. If funding is not available due to year-end closing of projects, then the expense will not be paid under any circumstances. Also see IRS Publication 5137 for tax information details. Travel reimbursement requests submitted more than six (6) months from the occurrence will be denied. Refer to the link <https://www.csteconference.org/index.php/2024-cste-travel-policy/> for Guidelines and Procedures for expense reporting details.



Sponsored Traveler Name: _____
 Agency/Company: _____
 *Reimbursement Payable to: Sponsored Traveler Agency/Company
 Mail to Address: _____
 City, State, Zip Code: _____
 Staff Lead: _____

Departure Date: _____ Return Date: _____
Departure Day 75% Per Diem **Return Day 75% Per Diem**
 Description of Travel: _____
 Destination: _____
 Federal Per Diem Rate Destination: _____

Check box if you or a family member hold an elective or appointive public office in a federal, state or local government that pays an annual rate of \$20,000 or more. IRS code section 4946(c).

Daily Travel Expenses									
Expenses:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Reimbursable Expenses	Charged Directly to CSTE*
Breakfast (25% of per diem)									
Lunch (25% of per diem)									
Dinner (50% of per diem)									
Lodging									
Airfare									
Ground Transportation									
\$0.67 X _____ miles									
Other: _____									
Other: _____									
Other: _____									
Total Expenses:									

Signature: _____ **Date:** _____ Receipts are attached :

By submitting this form, I certify that the above information contained in the claim is true and correct and that I am not being reimbursed for any of the above expenses from another public or private source. I also certify that I have no outstanding receipts over 60 days old due to CSTE and that I will not be submitting for additional expenses associated with this trip.

FOR CSTE USE ONLY: Approved by: _____ Date: _____ Charge to Project: _____

**If amount is unknown, please indicate that funds were charged to CSTE by placing a check mark in the appropriate box*