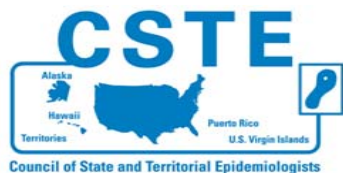


CSTE Member Expense Reimbursement Form



Directions for submission: Please complete the entire form below. Sign and submit this form to the CSTE National Office. Receipts must be included for all claimed expenses of \$25.00 or more. 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). Use the return/departure chart below to determine the percentage of per diem earned on the days of travel. Specify any provided meals within the expense chart. If you have any questions, please contact the CSTE national office staff member that coordinated your travel (770-458-3811).

Sponsored Traveler Name: _____
Address: _____
City, State, Zip: _____

Date Received by CSTE:

Must be received by CSTE within 30 days of conclusion of travel

CSTE Program Staff Lead: _____
 Description of Travel: _____
 Destination: _____
 Federal per diem rate for destination: \$ _____

Departure Date: _____ Return Date: _____

Time:	100% []	12AM-6AM	25% []
	75% []	6AM-Noon	50% []
	50% []	Noon-6PM	75% []
	25% []	6PM-12AM	100% []

Departure Time

Return Time

☐ 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									
\$0.555 X _____ miles									
Other: _____									
Other: _____									
Other: _____									
Total Expenses:									

Signature: _____ Date: _____

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 30 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: _____ PO: _____

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

Return to CSTE: 2872 Woodcock Blvd. Suite 303; Atlanta, GA 30341 or fax to 770-458-8516