**Consultant and Non-Employee Travel Reimbursement Worksheet**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Destination of Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Dates:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Being Requested for Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **PAYMENT INFORMATION** |
| **Full Name for Check**  |  |
| **Address (where check will be sent)** |  |
|  |
|  |
| **Email** |  |
|  |
| **Program/Funding Source** |  |  |
| **Other**  |  |

Welcome to your worksheet.

This sheet should be filled out to itemize all travel expenses for your trip. This sheet does not guarantee reimbursement and is not a substitute for reading and understanding the travel instructions.

The travel instructions are essential and will answer questions and give direction for this process.

You will submit this form to Travel@ncwit.org with all your receipt documents.

**Please list expenses by category, being mindful of *correct totals*.**

**Important reminders:**

* Alcohol is not reimbursable and must be deducted from the total requested.
* Maximum allowable percentage for meal tips is 20%.
* Hotel receipts must show your *stay was completed*, *method of payment and a zero balance*. (*Please note that vouchers, credits, or gift cards are not reimbursable forms of payment.)*
* Conference Fees should be paid for by NCWIT in advance through a purchase request you submit.
* EACH receipt should be saved as a separate file and each one individually attached to your email. The individual file names should follow this format:

Amount, Date, Purpose, City. (For example: *$17.28\_8-23\_Meal\_Boulder.PDF* )

* This sheet is your official request for reimbursement so please makes sure amounts are correct.
* Mileage (Please note mileage reimbursement amounts are frequently updated and are .60/mile as of January 2024).
* Each city has a specific maximum amount allowed for meals that varies per day. [Please Check this website](https://www.gsa.gov/travel/plan-book/per-diem-rates?gclid=Cj0KCQjw84anBhCtARIsAISI-xcdUw2rq7dvEpS9qxSoKcny70OqWAQzV3eIZjgouumpQX_x4aUsZlsaAt2DEALw_wcB) to see your allowable amounts. (Or confirm with the Travel Manager)

The categories below are provided based on the most common, but there is space at the bottom of the sheet to add other allowed expenses. You can also share more details, as needed, in the notes at the bottom of this sheet about any expenses to assist the reconciliation process and determining if an expense is allowed.

When in doubt about allowed expenses, refer to the travel instructions or E-mail at travel@ncwit.org if you have any questions.

Thank you!

|  |  |  |
| --- | --- | --- |
| **Expense** | **Details:** Date, Purpose, City. (For example*: 8/23/23-Dinner-Boulder CO)* | **Amount**  |
| **Hotel /Lodging** |  |  |
|  |  |  |
| **Parking** |  |  |
|  |  |  |
| **Conference Fee** (if any) |  |  |
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| **Transportation:**Uber/Lyft/Train etc. |  |  |
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| **Meals/Food & Beverage** |  |  |
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| **Mileage** (if any) | AddressesFrom:To: | Total Miles: |
| **Mileage** (if any) | AddressesFrom:To: | Total Miles: |
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| **Baggage Fees** (if any) |  |  |
|  |  |  |
| **Cash Tips** (if any) |  |  |
|  |  |  |
| **Tolls** (if any) |  |  |

**Additional space for any expenses for which you are requesting reimbursement:**

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| --- | --- | --- |
| **Expense** | **Date(s) & Location/City** | **Amount**  |
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Additional notes to explain any expenses:

**I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on NCWIT business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by University of Colorado fiscal policies; that amounts claimed for meals are limited to the total daily Maximum Meal Reimbursement amount established by travel policy as well as the amounts actually incurred for meals; and that I actually incurred or paid the expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. I further certify that this Claim Sheet does not include any request for reimbursement of alcohol.**

|  |  |
| --- | --- |
|  **Signature** |  |

|  |  |
| --- | --- |
|  **Date** |  |

***Please e-mail this form with your receipts to*** travel@ncwit.org