

Concur Travel Expense Guest/Student Reimbursement Agreement



All fields are required.

Legal Name of Guest/Student:
Mailing Address:
Student ID (for student use only):
Signature of Guest/Student:
Requestor Name:
Date:
Requestor Email or Phone:
Comments:

**By signing this form, I certify that this is a true and accurate accounting of expenses incurred by me to accomplish official business for the CSU, and I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed.*

Directions: Complete the top section and send to department requester. The requester should attach the form to the travel expense reimbursement in Concur as part of the backup.

Payment Services Use Only:

Date Received _____ Vendor ID _____ Set up by (initials) _____

Date set up in CFS _____ Date Requestor Notified _____ Notified by (initials) _____