



# Centenary College of Louisiana

## Division Travel Expense Reimbursement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event for which funds are requested and your role (attach your program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location and inclusive dates: \_\_\_\_\_

National, regional, or local event and location: \_\_\_\_\_

Persons included in expenses listed below: \_\_\_\_\_

### Expenses (\$400 maximum):

**Humanities:** 11000-2059-71208 \$ \_\_\_\_\_

**Social Sciences:** 11000-2059-71210 \$ \_\_\_\_\_

**Natural Sciences:** 11000-2059-71209 \$ \_\_\_\_\_

**Reimbursement Requested:** \$ \_\_\_\_\_

Please forward a signed hard copy with your receipts to your division chairs for reimbursement.

Faculty Signature \_\_\_\_\_

Division Chair Approval \_\_\_\_\_

Date \_\_\_\_\_