



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 _____