CAMERON UNIVERSITY FOUNDATION, INC.
REQUEST FOR TRAVEL REIMBURSEMENT IN EXCESS OF STATE REIMBURSABLE AMOUNTS

Date: _____

Requested By: _____

Account: _____

Destination and Purpose of Travel:

Travel Dates: From _____ To _____

Account Manager: _____
(Signature)

Monitoring Authority: _____
(Signature)

Executive Committee
Authority: _____
(Signature)

Request Exceeding $1,000 Requires Approval of Two Officers:

_____ _____
(Authorized Signature) (Date)

_____ _____
(Authorized Signature) (Date)

Approval Date: _____