MINNESOTA STATE UNIVERSITY, MANKATO

EMPLOYEE EXPENSE REPORT

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Employee Name	Home Address (Include City, State and Zip Code)	Employee ID (Same Number Used on Payroll Stub)	
Reason for Travel/Misc. Reimbursement	Department	Mail Code	Barg Unit (3 digit)
If you use a private car for out-of-state travel, please attach quote of the lowest round trip airfare available. Travel not to exceed this amount $	International Travel Exchange Rate (if applicable):		

Date	Daily Description/Comments	ITINERARY			Meals				Lodging	Personal Telephone	Conference Registration Fee	Parking	Trip Miles	Total Trip and Local Mi.	Mileage Rate	Mileage Amount	Total
		Time (Rqd for Meal Reimb.)		Location	MEALS √ B	L	D	*one day trips only*	*overnight trips only*									
			Departure															
			Arrival															
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			Arrival															
			Departure															
			Arrival															
								Total	Total	Total	Total	Total	Total		Total Mi.	Rate	Total	Subtotal

OTHER EXPENSES – See reverse for list of Expense Types

Date	Exp Type	Description	
		Grand Total: Subtotal from above plus total of all Other Expenses	**Grand Total**

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCES.

State employees and other officials using state funds traveling on state business and using commercial airlines cannot claim frequent flyer mileage as their own. Employees must certify that they have not claimed frequent flyer mileage for personal use when they apply for travel reimbursement. *Any benefits received belong to the state.*

Employee Signature	Date	Work Phone

Payment Methods (Check all that apply)
PO#
CA035#
Purchasing Card

FUNDING SOURCES (Required)			
Travel Type (√)	Cost Center	Dollars	
( ) Prof Dvlp / Contract			
( ) Department			
( ) Other			
Total Amount Claimed (Total of Funding Sources)			

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Supervisor/Authorized Signature for Account	Date	Work Phone

Less Advance	
Advance / Reimbursement Settlement	

Business Services – Original with Signatures *Department – Photocopy*

August 2009 This form available online at: www.mnsu.edu/busoff/forms