Read Me

**MINNESOTA STATE UNIVERSITY, MANKATO**

# EMPLOYEE EXPENSE REPORT

# _____

| Employee Name | Home Address (include City, State and Zip Code) | Employee ID (Same Number Used on Payroll Stub) |
|---|---|---|
| | | |

| Reason for Travel/Misc. Reimbursement | Department | 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.<br><br>Travel not to exceed this amount $ | International Travel Exchange Rate (if applicable): |
|---|---|
| | |

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| Date | Daily Description/Comments | ITINERARY | | | Meals MEALS√ B | L | D | *one day trips only* | *overnight trips only* | 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 | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | Departure | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Arrival | | | | | | | | | | | | | | | |
| | | | | | | | | **Total** 0.00 | **Total** 0.00 | **Total** 0.00 | **Total** 0.00 | **Total** 0.00 | **Total** 0.00 | | **Total Mi.** 0.00 | **Rate** | **Total** 0.00 | **Subtotal** 0.00 |

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 |
|---|---|---|
| | | |

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 |
|---|---|---|
| | | |

**OTHER EXPENSES – See reverse for list of Expense Types** Expense Types

| Date | Exp Type | Description | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Grand Total: Subtotal from above plus total of all Other Expenses** | **Grand Total** 0.00 |

| Purchase Orders Associated with Trip |
|---|
| Airfare Purchase Order # |
| Conf/Reg Purchase Order # |
| Other Purchase Order # |

| FUNDING SOURCES (Required) | | | |
|---|---|---|---|
| **Travel Type ( √ )** | **Cost Center** | **Dollars** | |
| ( ) Contract | | | |
| ( ) Admin | | | |
| ( ) Other | | | |
| **Total Amount Claimed (Total of Funding Sources)** | | | 0.00 |

| | |
|---|---|
| **Less Advance** | |
| **Advance / Reimbursement Settlement** | 0.00 |

Clear Form

Print Form

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*Office of Business Affairs – Original with Signatures* *Department – Photocopy*

**February 2004** This form available online at: www.mnsu.edu/busoff/forms