Missouri State UNIVERSITY

Missouri State University
TRAVEL EXPENSE REPORT

PLEASE TYPE

EMPLOYEE NAME (LAST, FIRST)	M#	FOR MONTH OF_____ 20____

SEND BY DIRECT DEPOSIT* **YES** ☐ **NO** ☑ SIGN UP HERE

*Direct Deposit is available for University Chart of Accounts Only; Check will be issued for reimbursement from Foundation Accounts. Employee/Student Only

ADDRESS

DEPARTMENT NAME Center for Resource Planning & Mgmt

FUND	ORG	PROG	ACTIVITY	LOCATION
I02381	142028	021		

DESTINATION

BUSINESS PURPOSE (include list of people traveling)

GRANT EXPENSES: Attach documentation of how this meets scope of project.

FINANCIAL SERVICES USE ONLY Verified by and date _____

TRAVEL REQUEST NUMBER _____

_____-_____-_____-____-_____-_____ $_____.__

_____-_____-_____-____-_____-_____ $_____.__

_____-_____-_____-____-_____-_____ $_____.__

_____-_____-_____-____-_____-_____ $_____.__

DATE	FROM/TO	DEP. TIME	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 BUS/RR/AIR	LIST MISC. BELOW	TOTAL
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
FORWARD FROM ADDITIONAL SHEETS →											$0.00
	TOTALS OF ABOVE →			0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	73002 TOTAL MILES →			0		AT $0.37	cents per mile				$0.00
					TOTAL REIMBURSABLE EXPENSE →						$0.00

EXPLANATION OF MISCELLANEOUS CHARGES

DATE	EXPLANATION	$	DATE	EXPLANATION	$

I affirm the above claim is correct, that payment has been made from personal funds and that I have not been reimbursed. I further affirm that I have not received and will not receive from any other source whatsoever any payment or any partial payment except as provided by law.

CLAIMANT SIGNATURE	APPROVER PRINT NAME SIGNATURE	
	Diane May	
TITLE	TITLE	DATE APPROVED
	Director	