

CAO-21
MINNESOTA STATE UNIVERSITY, MANKATO
NON-STATE EMPLOYEE REIMBURSEMENT REPORT

August 2025

SWIFT ID Vendor # or Tech ID

Payee Name

Home Address

DEPARTMENT USE ONLY									
Cost Center No.						Object			

Date	Reason for Reimbursement	Itinerary			Trip Miles	Total Trip and Local MI.	Meals			Lodging	Fare Air, RR, Bus	Other Reimbursable Expenses (Itemize)	Total Daily Expenses	
		Time	Location				B	L	D					
			Departure											
			Arrival											
			Departure											
			Arrival											
			Departure											
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			Departure											
			Arrival											
			Departure											
			Arrival											
ALL EXPENSE REPORTS MUST BE SIGNED						Total				Enter Total Mileage Expense				
I declare under the penalties of perjury that this claim is just and correct and that no part of it has been previously reimbursed to me.						Total Trip & Local	Total Mi.	Rate	Subtotal	Total Expenses				

Non-State Employee Signature	Date	Phone
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Approved: Based on knowledge of the necessity for travel and other expenses and on the basis of compliance with all provisions of Minnesota State University, Mankato Regulations.

Authorized Departmental Signature	Date	Work Phone
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DEPARTMENT USE ONLY			
Honorarium Purchase Order #	Non-State Employee Type (check one)		
	MSU Student		Mentor
	Interviewee		Other:
	Speaker/Entertainer		

Business Office – Original with signatures Department – Photocopy Non-State Employee – Photocopy

BUSINESS OFFICE USE ONLY						
MNSCU PAYMENT VOUCHER TRANSACTION ENTRY						
Occur Date			Description:			
Tran Desc PO#			<- (11 digits)			
Vendor Nbr			Single Check Flag	<input type="checkbox"/>	Default = N	
State Agency?	* Default = N		PV Type Code	<input type="checkbox"/>	**	
Process Date			Data Entry Only:			
Print Date						
Vend. Invoice			(EN Decrease transaction#)			(Input date)
			(PV transaction#)			(Input Date)
FY	Cost Center	Title	Object	Title	Amount	D/C