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

Augusut 2025

Payee Name _____

Home Address _____

_____

SWIFT ID Vendor # or Tech ID _____

DEPARTMENT USE ONLY

Cost Center No.						Object			

Date	Reason for Reimbursement	Itinerary			Trip Miles	Total Trip and Local MI.	Mileage Rate	Meals			Lodging	Fare Air, RR, Bus	Other Reimbursable Expenses (Itemize)	Total Daily Expenses
		Time		Location				B	L	D				
			Departure											
			Arrival											
			Departure											
			Arrival											
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			Departure											
			Arrival											

ALL EXPENSE REPORTS MUST BE SIGNED   Total   **Total Expenses**

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.

Non-State Employee Signature   Date   Phone

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

DEPARTMENT USE ONLY

Honorarium Purchase Order #	Non-State Employee Type (check one)	
	MSU Student	Mentor
	Interviewee	Other:
(if applicable)	Speaker/Entertainer	

BUSINESS OFFICE USE ONLY

MNSCU PAYMENT VOUCHER TRANSACTION ENTRY

Occur Date _____ Description: _____

Tran Desc PO# _____ <- (11 digits)

Vendor Nbr _____ Single Check Flag ☐ Default = N

State Agency? _____ * Default = N PV Type Code ☐ **

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

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