

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

December 2001

Payee Name _____
 Home Address _____

 Soc. Security No. _____

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											
		Departure											
		Arrival											
		Departure											
		Arrival											
		Departure											
		Arrival											
		Departure											
		Arrival											
		Departure											
		Arrival											
Total											Total Expenses		

ALL EXPENSE REPORTS MUST BE SIGNED

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)		
_____ (if applicable)	MSU Student	<input type="checkbox"/>	Mentor
	Interviewee	<input type="checkbox"/>	Other:
	Speaker/Entertainer	<input type="checkbox"/>	

Business Office – Original 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	_____	(EN Decrease transaction#)	_____	(Input date)		
Vend. Invoice	_____	(PV transaction#)	_____	(Input Date)		
FY	Cost Center	Title	Object	Title	Amount	D/C