

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

October 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.	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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		Arrival										
		Departure										
		Arrival										
		Departure										
		Arrival										
					<b>Total</b>				<b>Enter Total Mileage Expense</b>			
					<b>Total Trip &amp; Local</b>	<b>Total Mi.</b>	<b>Rate</b>	<b>Subtotal</b>	<b>Total Expenses</b>			

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

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	<input type="checkbox"/>	**		
Process Date	_____	PV Type Code	_____			
Print Date	_____	Data Entry Only:	_____			
Vend. Invoice	_____	(EN Decrease transaction#)	_____	(Input date)		
		(PV transaction#)	_____	(Input Date)		
<b>FY</b>	<b>Cost Center</b>	<b>Title</b>	<b>Object</b>	<b>Title</b>	<b>Amount</b>	<b>D/C</b>

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

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