

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

December 2022

Payee Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Soc. Security No. or Tech ID \_\_\_\_\_

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										
			Arrival										
			Departure										
			Arrival										
			Departure										
			Arrival										
			Departure										
			Arrival										
			Departure										
			Arrival										
					Total				Enter Total Mileage Expense				
					Total Trip & Local	Total Mi.	Rate	Subtotal	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)		
	MSU Student		Mentor
	Interviewee		Other:
	Speaker/Entertainer		

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

This form available online at: [admin.mnsu.edu/business-services](http://admin.mnsu.edu/business-services)

Adobe Acrobat Only

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