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

December 2022

Payee Name _____

Home Address _____
_____
_____

Soc. Security No. or Tech ID _____

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										
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		Departure										
		Arrival										
		Departure										
		Arrival										
		Departure										
		Arrival										

Total — **Enter Total Mileage Expense**

Total Mi. | Rate | Subtotal

Total Trip & Local — **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.

Adobe Acrobat Only

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

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

This form available online at: admin.mnsu.edu/business-services