

ADVANCE REQUEST & RECONCILIATION FOR GROUP STUDENT TRAVEL
(FROM LOCAL FUNDS OR STATE FUNDS/IMPREST CASH)

No. _____

Fiscal Year _____

(Please Print – See Instructions on Back)

Trip Purpose / Destination (city, state) or Other _____

Staff Responsible Person (check payable to) _____ MSU Tech ID. _____

Address _____ Contact Phone # _____ (on MavCard)

Cost Center _____ Departure Date _____ Time _____ Return Date _____ Time _____

Check Requested By Date _____

Pink – Departmental File

White & Yellow – Submit to Business Services 10 days in advance of travel

Check & Yellow – Disbursed at Business Services front desk

Yellow – Must be re-submitted to Business Services, Accounting with receipts for reconciliation of actual expenses within 3 working days of return

REQUEST FOR FUNDS

Itemization of Estimated Expenses

	# Persons	# Days	Amt./Person/Day	Total
Meals	_____	_____	_____	\$ _____
Lodging	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
Total Estimated Expenses				\$ _____

Responsible Person Signature _____
Date

Department Authorized Signature _____
Date

Business Services Approval _____
Date

RECONCILIATION

Itemization of Actual Expenses (Please Attach Receipts)

Date	Location	Meals	Lodging	Other (Specify)	Total Expenses
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				Registration	_____
				Total	\$ _____

Total actual expenses \$ _____

Total net amount due employee \$ _____ **CS1400 No.** _____
or

Total net amount due MSU: _____ **Receipt No.** _____
from Employee \$ _____

from Cost Center \$ _____ **CS 1400 No.** _____

Deposit:

AR0009UG (Gen Rec): 901660–9851 Ref Tech ID

or

Imprest Cash 338011 – Deposit to: 00758661 Inv# _____ Receipt # _____

BUSINESS SERVICES USE ONLY

MNSCU PAYMENT VOUCHER TRANSACTION ENTRY

Occur Date _____ Description: _____

CAO-36 # _____ (Name) _____

Tech ID _____ Single Check Flag Y Default = N

State Agency? N * Default = PV Type Code 1 **

Data Entry Only:

Invoice _____
Name, Dates of Trip (PV transaction#) (Input Date)

FY	Cost Center	Object	Title	Amount	D/C
		2720			

AR2210UG _____ Serial # _____ Inv# _____ Date _____

Business Services Audit By _____
Date

Student Group Travel Advance Requests Form CAO36

Funds may be advanced for student travel upon approval by your department and the Business Services Office. Approximately seven to ten working days are needed to ensure advances are available when needed.

Procedure:

1. All requests are submitted on Form CAO36, which is available from University Stores. The top half of this form must be completed with all the information specified, including a detailed itemization of the estimated expenses to be incurred. Submit the signed white and yellow copies to Business Services, Accounting (WA236) 7 to 10 days prior to the date the check is needed.
2. Advances of less than \$50 per person or group will not be approved. The responsible person is whom the check is payable to and should be issued to an MSU Faculty or Staff person.
3. All checks are to be picked up at the Business Services Office by the responsible person. Upon special request, checks can be mailed if sufficient time is available and circumstances warrant special handling.
4. Upon return from the trip the following should be completed and submitted for reconciliation within three working days to the Business Services Office:
 - A. IF EXPENSES EQUAL THE TRAVEL ADVANCE: Complete the yellow copy of the CAO36 Itemization of Actual Expenses and attach original receipts for all expenses. Submit to Business Services, Accounting (WA236).
 - B. IF EXPENSES EXCEED THE TRAVEL ADVANCE: Complete the yellow copy of the CAO36 Itemization of Actual Expenses and attach receipts for all expenses. Attach a CS1400 with the appropriate department approval signatures, payable to the individual receiving the advance for the amount still due the individual. A check will be sent to the individual upon submission to Business Services, Accounting (WA236).
 - C. IF THE TRAVEL ADVANCE EXCEEDS THE EXPENSES: Excess funds must be deposited at the Cashiers Office immediately upon return to campus. Funds should be deposited to Cost Center 901660-9851 unless noted on the yellow copy of the CAO36 to deposit to 338011, Customer ID 00758661 and specified invoice number. Obtain a deposit receipt from the Cashiers Office. Complete the yellow copy of the CAO36 Itemization of Actual Expenses and attach receipts for all expenses. Also attach a copy of the deposit receipt received from the Cashiers Office. Submit to Business Services, Accounting (WA236).
5. Additional Group Travel Advances cannot be processed until Item #4 from previous advances has been completed.

Group Travel Reconciliation Tip Sheet

Note: Food allowances are limited to the designated SAC allowance.

A cash disbursement sheet including individual signatures for meals can be used to substitute for meal receipts if you wish to pay a set amount for food allowance (less than or equal to SAC amount) and submitted as the receipt for food.

If receipts are lost for expenses, always try to obtain a substitute receipt from the vendor, but if that is not possible, you will be required to submit a notarized certification sheet as a substitute.

Any questions on Group Travel Advance, please feel free to contact Office of Business Affairs-Accounting at ext. 2269.



MINNESOTA STATE UNIVERSITY
MANKATO

CS# _____

Account # _____

Purpose: _____

I hereby certify that I have received the indicated cash disbursements.

Name	Amount	Date	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Responsible Person: _____

Signature _____

MSU Check # _____ Amount _____

Total Expenses _____

Difference _____

Deposit Receipt # _____

CERTIFICATION SHEET

I hereby certify that the following statement is true to the best of my knowledge and belief. This is a substitute receipt for expenses incurred for a previously authorized expenditure. The amount expended for which I do not have a receipt is:

\$ _____ and it was used for _____

I am not able to present an official receipt from the vendor for the following reason:

Signed _____

Dated _____

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