



**EMPLOYEE EXPENSE REIMBURSEMENTS PAST 60 DAYS
REASONABLE CAUSE FOR LATE SUBMISSION (TAXABLE COMPENSATION ISSUE)**

Employee Name: _____

Employee State ID #: _____

Employee Email: _____

Employee Phone Number: _____

Please provide a detailed explanation that you believe would provide reasonable cause for the late expense report submission. (Examples that might be considered reasonable cause not to treat the late submission as taxable compensation included extended serious illness, death in the family, etc.) :

Employee Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____ (For IFO Members, a Dean or a Vice President would be your supervisor)

Supervisor Phone #: _____

Date: _____

Please submit the completed form to the university's Business Services Office at 236 Wigley Administration Building, You will be notified within 15 days (from the date received) of the results of your appeal (approved or denied as far as the tax treatment of the reimbursement.

FOR BUSINESS SERVICES OFFICE USE ONLY:

Date Received: _____

Received by: _____

Approved or Denied: _____

Signature of Comptroller or _____

Vice President for Finance and Administration: _____

Date Approved or Denied: _____

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This document is available in alternative format to individuals with disabilities by calling the Business Services at 507-389-5069 (V), 800-627-3529 or 711 (MRS/TTY)