Missouri State University
TRAVEL EXPENSE REPORT

PLEASE TYPE

PAGE ____of _____

EMPLOYEE NAME (LAST, FIRST)	M#	FOR MONTH OF _____ 20____
ADDRESS		DEPARTMENT NAME FUND ORG PROG

DESTINATION
BUSINESS PURPOSE (include list of people traveling)

FINANCIAL SERVICES USE ONLY Verified by and date _____

TRAVEL REQUEST NUMBER _____

_____-_____-_____-____ $_____.__
_____-_____-_____-____ $_____.__
_____-_____-_____-____ $_____.__
_____-_____-_____-____ $_____.__

GRANT EXPENSES: Attach documentation of how this meets scope of project.

DATE	FROM/TO	DEP. TIME	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 BUS/RR/AIR	LIST MISC. BELOW	TOTAL
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
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											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
FORWARD FROM ADDITIONAL SHEETS →											$0.00
	TOTALS OF ABOVE →			0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	73002 TOTAL MILES →			0		AT	cents per mile				$0.00
				TOTAL REIMBURSABLE EXPENSE →							$0.00

EXPLANATION OF MISCELLANEOUS CHARGES

DATE	EXPLANATION	$	DATE	EXPLANATION	$

I affirm the above claim is correct, that payment has been made from personal funds and that I have not been reimbursed. I further affirm that I have not received and will not receive from any other source whatsoever any payment or any partial payment except as provided by law.

CLAIMANT SIGNATURE	APPROVER PRINT NAME SIGNATURE	
TITLE	TITLE	DATE APPROVED