Missouri State University

Missouri State University **PLEASE TYPE** Page____of___

TRAVEL EXPENSE REPORT

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

DESTINATION

BUSINESS PURPOSE (include list of people traveling)

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

FINANCIAL SERVICES USE ONLY Verified by and date _____

TRAVEL REQUEST NUMBER _____

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

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

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

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

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
											$0.00
											$0.00
											$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