Missouri State University

SINGLE EVENT TRAVEL (SET) CARD LOG

Inv. # (Fin. Serv. Only) _____

This form is to only be used for transactions charged to the SET card. All other incurred expenses should be listed on the Non-SET card Travel Expense Report.

FOR MONTH OF _____ 20___ Bearpass # M _____

Submit Completed form to Carrington 113 - Financial Services

EMPLOYEE NAME (LAST, FIRST)	FUND	ORGN	PROGRAM	ACTIVITY	AMOUNT
Direct Deposit: Yes ☐ No ☐					

Sign up here (MSU Employees/Students Only)

SET Card Number: _____ SET Card Limit: _____

DESTINATION:

DEPARTMENT:

Business Purpose: (include list of people traveling)

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

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	TOTAL
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
ABOVE TOTALS→				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
TOTALS FROM ADDITIONAL SHEETS →				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
TOTAL CASH WITHDRAWALS→ (Attach Bank Withdrawal slip to backup)										
TOTAL SET CARD EXPENSE →										$ 0.00

I affirm the above claim is correct, that payment has been made from the SET Card and that I have not been previously 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

____ Initial to certify there are no alcohol purchases included in the reimbursement .

TITLE	TITLE	DATE APPROVED

DO NOT WRITE BELOW THIS LINE - FINANCIAL SERVICES USE ONLY

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT	DESCRIPTION	AMOUNT
						SET CARD CASH WITHDRAWALS	
						NON-REIMBURSABLE EXP. CHARGED TO SET CARD	
						NON-SET CARD TOTAL EXPENSE	
						MONEY RETURNED TO BURSAR	
						TOTAL DUE TO MSU	
						AP TOTAL DUE TO EMPLOYEE	
FOAPAL TOTAL→						**Verified by and Date: _____**	

Missouri State University

SINGLE EVENT TRAVEL (SET) CARD LOG

Inv. # (Fin. Serv. Only) _____

This form is to only be used for transactions charged to the SET card. All other incurred expenses should be listed on the Non-SET card Travel Expense Report.

FOR MONTH OF _____ 20___ Bearpass # M _____

Submit Completed form to Carrington 113 - Financial Services

EMPLOYEE NAME (LAST, FIRST)

SET Card Number: _____ SET Card Limit: _____

DESTINATION:

DEPARTMENT:

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

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	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
										$ 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
TOTALS (move to page 1) →				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Missouri State University

NON-SET CARD TRAVEL EXPENSE REPORT

Inv. # (Fin. Serv. Only) _____

Use this form only to record Non-Set Card Transactions. Submit Completed form to Carrington 113 - Financial Services

Bearpass Number: M _____ FOR MONTH OF _____ 20___

EMPLOYEE NAME (LAST, FIRST)

Sign up here (MSU Employees/Students Only)

Direct Deposit: Yes ☐ No ☐

Address:

FUND	ORGN	PROGRAM	ACTIVITY	AMOUNT

DESTINATION: DEPARTMENT:

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

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	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
											$ 0.00
											$ 0.00
ABOVE TOTALS→				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
TOTALS FROM ADDITIONAL SHEETS →											$ 0.00
TOTAL REIMBURSABLE EXPENSE →											$ 0.00

I affirm the above claim is correct, that payment has been made from my personal funds and that I have not been previously 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

____ Initial to certify there are no alcohol purchases included in the reimbursement .

TITLE	TITLE	DATE APPROVED

Missouri State University

NON-SET CARD TRAVEL EXPENSE REPORT

Inv. # (Fin. Serv. Only) _____

Use this form only to record Non-Set Card Transactions. Submit Completed form to Carrington 113 - Financial Services

Bearpass Number: M _____

FOR MONTH OF _____ 20___

EMPLOYEE NAME (LAST, FIRST)

DESTINATION:

DEPARTMENT:

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

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	TOTAL
											$ 0.00
											$ 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
ABOVE TOTALS→				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 EXPENSE (move to page 1) →											$ 0.00