Missouri State University

Missouri State University
TRAVEL EXPENSE REPORT

PLEASE TYPE

Please use Internet Explorer to download this form!

EMPLOYEE NAME (LAST, FIRST)	Bearpass#	FOR MONTH OF_____ 20____
SEND BY DIRECT DEPOSIT* **YES** ☐ **NO** ☐ SIGN UP HERE Employee/Student Only		DEPARTMENT NAME _____ FUND ORG PROG ACTIVITY LOCATION
ADDRESS		

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	
☐ *Initial to certify there are no alcohol purchases included in the reimbursement from a University Account.*		
TITLE	TITLE	DATE APPROVED