

# Before submitting your Travel Expense Report

## MAKE SURE YOU HAVE THE FOLLOWING

- Original itemized receipts for anything over \$30.00
- Full conference/symposium schedule
- Original signatures - Claimant & Approver
- Currency conversion - use <http://www.Oanda.com>
  - Use date on receipt for conversion date
- Departure/arrival times
- FOAP to record expenses
- Mileage - use MSU address & provide mileage printout
  - Springfield Campus: 901 South National Avenue, Springfield, MO 65897
  - West Plains Campus: 128 Garfield, West Plains, MO 65775
  - Mountain Grove Campus: 401 East 17<sup>th</sup> St., Mountain Grove, MO 65711
- Your BearPass number or M number

## THESE ITEMS ARE NOT REIMBURSABLE

- **Day trip meals**
  - This includes snacks –other food drinks
- **Missouri sales tax**
  - *Restaurants are okay*, not hotels
- **Alcohol**
  - Only acceptable when with donors or University guests (not spouses or significant others) preapproved in writing by VP, Provost or President, & paid by the Foundation
- **Travel insurance/bag insurance/Advance seat assignment fee**
- **Expenses** unrelated to travel, such as food and supplies for non-travel events, must be submitted on a payment request form
- **If meals are provided during a conference, purchasing outside meals is not reimbursable**
  - This includes additional meals, snacks, and drinks

## TIPS TO COMPLETING THE TRAVEL EXPENSE REPORT

- **When traveling overnight, \$57 is your daily meal limit**
  - This DOES include tipping
- Employees are allotted the following amounts: **Breakfast \$12, Lunch \$15, Dinner \$30**
  - This DOES include tipping
- Do not add **10%** to mileage, it will be reduced to actual mileage
- **Use mileage. Gas receipts** are used for a rental car/university vehicle
- **A description of expense is required for Misc. Expenses.**
  - If transportation services like Uber/Lyft are used, enter destination To or From in the description of expense column.
- **When securing travel receipts as backup documentation, DO NOT** use staples, use tape to secure the receipts to white paper.
- Reimbursement by **direct deposit** is through non-payroll direct deposit.
  - Make sure you are set up for non-payroll direct deposit before submitting a travel expense report. Follow instructions [here](#).
- When submitting a report for a new employee or candidate or someone without a Bearpass Number (M number), provide their SSN.

# TRAVEL EXPENSE REPORT

**Submit Completed form: SGF Campus – Financial Services Carr 113 West Plains Campus – Business office Cass Hall**

EMPLOYEE NAME (LAST, FIRST) \_\_\_\_\_ FOR MONTH OF \_\_\_\_\_ 20\_\_

Bearpass Number: M \_\_\_\_\_

Address:	FUND	ORGANIZATION	PROGRAM	ACTIVITY	AMOUNT

Direct Deposit:      Yes      No      [Sign up here](#)      (MSU Employees/Students Only)

Business Purpose: (Include list of people traveling)

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	73000	73000	73001	73004	MISC. EXP.	AMOUNT
					BKFST	LUNCH	DINNER	HOTEL	TRANSPORT /FUEL		

ABOVE TOTALS →

73002 TOTAL MILES →      at      cents per mile

TOTALS FROM ADDITIONAL SHEETS →

**TOTAL EXPENSE →**

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
TITLE	TITLE	DATE APPROVED

**DO NOT WRITE BELOW THIS LINE - FINANCIAL SERVICES USE ONLY**

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	ADDITIONAL SHEET TOTALS	AMOUNT

Verified by and Date: \_\_\_\_\_ **TOTAL AMOUNT →**



# TRAVEL EXPENSE REPORT

Inv. # (Fin. Serv. Only) \_\_\_\_\_

Submit Completed form to Carrington 113 - Financial Services

EMPLOYEE NAME (LAST, FIRST)

FOR MONTH OF \_\_\_\_\_ 20\_\_

Bearpass Number: M \_\_\_\_\_

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	73000	73000	73001	73004	MISC. EXP.	AMOUNT
					BKFST	LUNCH	DINNER	HOTEL	TRANSPORT /FUEL		

ABOVE TOTALS→

73002 TOTAL MILES →

at

cents per mile

TOTAL EXPENSE (move to page 1) →