TRAVEL REIMBURSEMENT	LAST NAME FIRST NAME M. I.									CWID		CHECK IF APPLIES: STUDENT			TR NU	MBER			
	HOME ADDRESS NUMBER				ER STREET APT.						DEPARTMENT	l	BLDG/ROOM			TEL. EXT.			_
STATE UNIVERSITY	CITY STATE ZIP (						CODE				REPORT PERIO	ENDING					_		
*Explain meetings and related and miscellaneous below. Indicate day incurred, persons involved and business purpose.	D	AY AND TY	SUN	DATE	MON	DATE	TUES	DATE	WED DATE	THURS	DATE	FRI	DATE	SAT	DATE	TOTALS	_		
EXPLANATION OF ITEMS	Town of To: From: Daily M																		
	1	Mileage A	Allowance																
	2 Tolls and Parking																		
	3 Trans. (A																		_
	4 Trans. (Rail, Taxi, Etc.)																		
	5		uto Rental																
																			-
	7	, , , , , , , , , , , , , , , , , , , ,																	-
		Lunch (Incl. Tips)																-	
			Dinner (Incl. Tips)																-
			ation Fee																-
		Meetings + Related *																	
																			-
	12	miscentificous																	
RECONCILIATION OF CA	ASH	DAILY TOTALS ASH Account No. (10 digit)			Amour	ıt	Vouch	er No.											
			,								Employee	Print:						Date:	
Grand Total of Expenses											Signature	Signature:							
Deduct-Pre Paid Items (enter										Supervisor Print:						Date:	_		
negative number)												Signature:						1	_
											Fiscal Agent	Print:						Date:	_
Balance Due Employee												Signature							
		ERTIFICATIO		uavo bee	n actually	and noces	e arily trav	volod by mo	1. Origi	inal Red	ng must be a			n-scholai	rly capa	acity,			

I certify that the above expenses are correct in all respects; that the distances as charged have been actually and necessarily traveled by m on the dates therein specified that the amount as charged has been actually paid by me for traveling expenses; that no part of the account has been paid M.S.U. but the full amount id due. I also CERTIFY that on the date(s) when the above items of expense were incurred the vehicle I was using on M.S.U. business was covered by liability insurance as follows:

Insurance Co.: Coverage:

and TR-1 not previously submitted.(unless traveling to state agency).

- 4. Mapquest printout to verify mileage
- 5. US General Svcs Admin (GSA) printout to verify per diem.
- 6. US General Svcs Admin (GSA) printout to verify lodging if non conference travel.