

NON-SET CARD TRAVEL EXPENSE REPORT

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

ABOVE TOTALS →

73002 TOTAL MILES \_\_\_\_\_ at \_\_\_\_\_ cents per mile

TOTALS FROM ADDITIONAL SHEETS →

**TOTAL REIMBURSABLE 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
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Initial to certify there are no alcohol purchases included in the reimbursement .

TITLE	TITLE	DATE APPROVED
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Inv. # (Fin. Serv. Only)

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

ABOVE TOTALS →

73002 TOTAL MILES → \_\_\_\_\_ at \_\_\_\_\_ cents per mile

TOTAL EXPENSE (move to page 1) →

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

EMPLOYEE NAME (LAST, FIRST) \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

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

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					BKFST	LUNCH	DINNER	HOTEL	TRANSPORT /FUEL		

ABOVE TOTALS →

73002 TOTAL MILES →

at

cents per mile

TOTAL EXPENSE (move to page 1) →

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

EMPLOYEE NAME (LAST, FIRST)

DESTINATION:

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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

ABOVE TOTALS →											
73002 TOTAL MILES →					at					cents per mile	
TOTAL EXPENSE (move to page 1) →											