

Missouri State University
TRAVEL EXPENSE REPORT

Please Type PAGE _____ of _____

EMPLOYEE NAME (LAST, FIRST)		M-Number		FOR MONTH OF 20										
ADDRESS					DEPARTMENT NAME									
					Chart of Accounts ☐ U ☐ F		FUND 			ORG 			PROG 	
Destination					FINANCIAL SERVICES USE ONLY					Verified by and date _____				
Business Purpose (include list of people traveling)					TRAVEL REQUEST NO.									
													\$	
													\$	
													\$	
													\$	
Grant expenses: Attach documentation of how does this meet scope of project.														
Date	From/To	Early Dep.	Late Arr.	Miles	73000 Breakfast	73000 Lunch	73000 Dinner	73001 Hotel	73004 Bus RR. Air	List Misc. below	TOTAL			
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FORWARD FROM ADDITIONAL SHEETS ▶														
		TOTALS OF ABOVE ▶												
		73002 TOTAL MILES ▶				AT	CENTS PER MILE							
					TOTAL REIMBURSABLE EXPENSE ▶									
Explanation of Miscellaneous Charges														
Date		\$	Date		\$									
I do solemnly swear "or affirm" the above claim is correct and just, that the expense was necessary to the public business of the state, that payment has been made from personal funds and that I have not been reimbursed therefore and I have not received and will not receive from any source whatever any payment or any part thereof except as provided by law.														
APPROVER PRINT NAME				SIGNATURE				CLAIMANT SIGNATURE						
TITLE				DATE APPROVED				TITLE						