Missouri State UNIVERSITY

SINGLE EVENT TRAVEL (SET) LOG

Please use Inernet Exlorer to download this form!

EMPLOYEE NAME (LAST, FIRST)	Bearpass#	FOR MONTH OF_____ 20____
		DEPARTMENT NAME _____
SET Card Number: _____	SET Card Limit: $_____	

FUND	ORG	PROG	ACTIVITY	LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This form is to only be used for transactions charged to the SET card. All other incurred expenses should be listed on the Non-SET card Travel Expense Report.

DESTINATION

BUSINESS PURPOSE (include list of people traveling)

FINANCIAL SERVICES USE ONLY Verified by and date _____

_____-_____-_____-___-_____-_____ $_____.__

_____-_____-_____-___-_____-_____ $_____.__

_____-_____-_____-___-_____-_____ $_____.__

_____-_____-_____-___-_____-_____ $_____.__

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

TOTAL CASH WITHDRAWALS

DATE	FROM/TO	DEP. TIME	ARV. TIME	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
										$0.00
										$0.00
FORWARD FROM ADDITIONAL SHEETS →										$0.00
TOTALS OF ABOVE →				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL SET CARD EXPENSES →										$0.00

EXPLANATION OF MISCELLANEOUS CHARGES

DATE	EXPLANATION	$	DATE	EXPLANATION	$

I affirm the above claim is correct, that payment has been made from the SET Card 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