

Before submitting your Travel Expense Report

Make sure you have:

- Original itemized receipts for anything over \$10.00
- 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
 - 901 South National Avenue, Springfield, MO 65897
- 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

Helpful info

- **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
- 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 –it will delay processing
 - when submitting a report for a new employee or candidate or someone without an M number, provide their SSN



Inv. # (Fin. Serv. Only)

Submit Completed form to Carrington 113 - Financial Services

TOTAL EXPENSE→

DO NOT WRITE BELOW THIS LINE - FINANCIAL SERVICES USE ONLY

Verified by and Date: _____	TOTAL AMOUNT→	
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FOR MONTH OF _____ 20__

Bearpass Number: M _____

DEPARTMENT:

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

[illegible]

TOTAL EXPENSE (move to page 1) →