

**COE - STUDENT TEACHING - UNIVERSITY SUPERVISOR
TRAVEL EXPENSE REPORT**

Submit Completed form to Hill Hall 212 - ATTN: Shannon McComb

EMPLOYEE NAME (LAST, FIRST)	FOR MONTH OF _____ 20__
	Bearpass Number: M _____

Address:	Department Name: Professional Education Services				
	CHART	FUND	ORG	PROG	
	U	B02379	122012	011	

Direct Deposit: Yes No [Sign up here](#) (MSU Employees/Students Only)

Business Purpose: Student Teaching supervision

Please list all students visited at each location.

Date	From	To	Miles	Teacher Candidate(s)	Certification Area

Total Miles		at		cents per mile	
-------------	--	----	--	----------------	--

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 Dr. Barri Tinkler	SIGNATURE
--------------------	---	-----------

TITLE University Supervisor	TITLE Dean, College of Education	DATE APPROVED
---------------------------------------	--	---------------

Domicile Address: _____

DO NOT WRITE BELOW THIS LINE - FINANCIAL SERVICES USE ONLY

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT

Verified by and Date: _____	TOTAL AMOUNT→	
-----------------------------	----------------------	--