COE - STUDENT TEACHING - UNIVERSITY SUPERVISOR TRAVEL EXPENSE REPORT

Missouri State University

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 supervison

Please list all students visited at each location.

Date	From	To	Miles	Teacher Candidate(s)	Certification Area

Total Miles	0	at	$ 0.550	cents per mile	$ 0.00

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	ACTVITY	AMOUNT

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