

REQUEST FOR TRAVEL REIMBURSEMENT
MSU College of EHHD

TRAVELER'S NAME: _____ TODAY'S DATE: _____

GID# (REQUIRED) -- _____ Non-MSU Employee SS# Required _____

DESTINATION (s): _____

PURPOSE OF TRAVEL:

FOR PER DIEM (MEALS) COMPUTATION:

Departure Date & City _____

Departure time: A.M.____ P.M.____

Return Date & City _____

Arrival time: A.M.____ P.M.____

Please check if you want to be reimbursed for all available meals? ____

OR

Specify dates & breakfast (B), lunch (L) or dinner (D) to be reimbursed:

NOTE: Do not claim reimbursement for meals provided, including any meal provided by the lodging facility, or meals included with registration fee and/or attendance fee. Meals are reimbursed on a state per diem basis (or foreign travel per diem basis) — no receipts required EXCEPT original, itemized meal receipts are required for official functions, along with previously approved Hospitality form.

Rented vehicle _____

- Paid with MSU purchasing card _____
- Personal card _____
- Requested direct bill _____

Mileage traveled in your personal vehicle (note whether 1 way or round trip mileage) _____

For all items below attach original, itemized receipts, regardless of form of payment:

Lodging:

REMINDER – The College Of EHHD will not pay for food, videos, etc. charged to your room. If your room charges are billed directly to the College of EHHD, or if you pay with a state purchasing card, you must PERSONALLY pay the food/video/etc. charges at time of check out.

Lodging to be reimbursed to you _____

Non-receipted lodging (taxable and @\$12/night) _____

Lodging paid with MSU purchasing card _____

Lodging directly billed to department by motel/hotel _____

No reimbursement for lodging requested _____

Submit:

AIRLINE ITINERARY AND BOARDING PASSES _____ AIRFARE _____ BAGGAGE _____

REGISTRATION _____ TAXI/SHUTTLE _____ PARKING _____

OTHER (SPECIFY): _____