

REQUEST FOR TRAVEL REIMBURSEMENT

MSU College of Nursing

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

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

DESTINATION: _____

PURPOSE OF TRAVEL (If for teaching/clinical, include course #(s): _____

FOR PER DIEM COMPUTATION:

Date Leave Origin _____ Time Leave Origin _____ A.M.____ P.M.____

Date Arrive Origin _____ Time Arrive Origin _____ A.M.____ P.M.____

DO YOU WANT TO BE REIMBURSED FOR (Please Check OR Specify):

____ ALL MEALS? If NOT, Please Specify Dates & Breakfast, Lunch or Dinner to be reimbursed.*

NOTE: Do NOT claim reimbursement for meals provided, including meals provided by the lodging facility, and meals included with registration fee or other attendance fee.

*(Specify Meals & Dates To Be Reimbursed) _____

MILEAGE:

Traveled in your personal vehicle _____ Was a State car available? YES _____ NO _____

Bozeman Campus Only -- As of 9-11-02 the Traveler must contact the MSU Motor Pool for a State car. If a State car is available, and the Traveler chooses to use a personal vehicle, a different per mile reimbursement rate will apply. As of November 2008, if you do not use a State car when available, you will need to include the date and the name of the individual at the MSU Motor Pool with whom you spoke in the respective area on your Travel Expense Voucher form. This is an MSU requirement. If you are NOT requesting reimbursement of mileage, were you a passenger _____ or did you use a state car _____ or did you rent a car _____?

FOR ITEMS BELOW, ATTACH ORIGINAL, ITEMIZED RECEIPTS

LODGING:

REMINDER – The College Of Nursing CanNOT Pay For Food, Videos, Etc. Charged To Your Room. If Your Room Charges Are Billed Directly To The College of Nursing OR If You Pay With A State Purchasing Card, YOU MUST PAY The Food/Video/Etc. Charges When You Check Out Of The Motel/Hotel.

Lodging To Be Reimbursed To You--Receipt Attached _____ Unreceipted Lodging _____

Lodging Paid With MSU Purchasing Card--Attach Lodging and Payment Receipt _____

Lodging Directly Billed to CON By Motel/Hotel--Attach Receipt _____

No Reimbursement for Lodging Requested _____

AIRLINE ITINERARY AND BOARDING PASSES _____ AIRFARE _____

REGISTRATION _____ TAXI/SHUTTLE _____ PARKING _____

OTHER (SPECIFY): _____

Bozeman Campus - PLEASE RETURN THIS FORM AND RECEIPTS TO LINDA NIX IN THE MSU COLLEGE OF NURSING ACCOUNTING OFFICE

Billings, Great Falls Kalispell and Missoula Campuses – PLEASE RETURN THIS FORM AND RECEIPTS TO THE INDIVIDUAL ON YOUR CAMPUS IN CHARGE OF TRAVEL.

THANK YOU!

REVISED 11-10-08