

REQUEST FOR TRAVEL REIMBURSEMENT

MSU College of Nursing (Revised 8-12-2014)

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

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

DESTINATION: _____

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

FOR PER DIEM (MEALS) COMPUTATION:

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

Date Return Origin _____ Time Return 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.
Meals are reimbursed on a state per diem basis—no receipts required EXCEPT original, itemized meal receipts are required for out-of country travel.**

CAR RENTAL/GAS/MILEAGE:

Drove Rented Vehicle _____; Paid With State Purchasing Card _____ Requested Direct Bill _____

Gas for Rental Vehicle _____ Paid With State Purchasing Card _____ (Include itemized receipt)

Traveled In Your Personal Vehicle _____ (No reimbursement for gas—included in mileage reimb)

Passenger Only _____

Drove State vehicle (Missoula Campus Only) _____

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 PERSONALLY PAY The Food/Video/Etc. Charges When You Check Out Of The lodging facility.**

Lodging To Be Reimbursed To You—Itemized Receipt Attached _____ Unreceipted _____

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

Lodging Directly Billed to CON By Lodging Facility--Attach Receipt _____

No Reimbursement for Lodging Requested _____

AIRLINE ITINERARY AND BOARDING PASSES _____ AIRFARE _____ BAGGAGE _____

REGISTRATION _____ TAXI/SHUTTLE _____ PARKING _____

OTHER (SPECIFY): _____

Bozeman Campus – Please Return This Form And Original, Itemized Receipts To Linda Nix In The MSU College Of Nursing Accounting Office.

Billings, Great Falls, Kalispell And Missoula Campuses – Please Return This Form And Original, Itemized Receipts To The Individual In Charge of Travel On Your Campus.