



# Expense Report

**Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Perm. Work Station Address:** IL 152 Marshall, MN 56258  
**Work Phone:** 507-537-6212  
**Department/Office:** Placement and Licensure

**Cost Center** 210602 \$ \_\_\_\_\_  
**Cost Center** \_\_\_\_\_ \$ \_\_\_\_\_  Check if Contractual or Professional Improvement  
**Cost Center** \_\_\_\_\_ \$ \_\_\_\_\_  
**If Employee - SEMA4 ID#** \_\_\_\_\_ (SEMA4 ID# is your payroll ID number)  
**If Student - Student ID#** \_\_\_\_\_ **Bargaining Unit** \_\_\_\_\_

Date	ITINERARY		Reason For Travel	Trip Mi		Mileage Rate (See instructions for current rates)	Mileage Amount	Meals			Lodging	Total
	Time	Location		Local Mi	Total Trip & Local Miles			B	L	D		
	Departure											
	Arrival					0.555						
	Departure											
	Arrival					0.625						
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
				<b>Totals:</b>								

**For Accounting Input Only**

\_\_\_\_\_

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\_\_\_\_\_

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts herein shown and hereby authorize payroll deduction of any such advances not accounted for within 30 days after completion of trip. I have not claimed frequent flyer mileage or other travel benefits as my own.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

VP or Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If needed, please see instructions)

In State Travel

Out State Travel  
Attach Travel Authorization

Reimbursement

Advance

Settlement

0.00

Date	Other Expenses	Amount
<b>Total:</b>		

**SUBTOTAL:**

**LESS ADVANCE:**

**TOTAL TO BE REIMBURSED (REPAID):**