Minot State University Reimbursement Form

Please complete this form and return it with required documentation to: Minot State University Attn: Department 500 University Ave W Minot ND 58707

Name of Individual or Agency to be Paid			Social Security or Tax ID (complete Form W-9 if provided)		
Address		City	Sta	te	Zip
Date of Departure Time Left Home (am/pm)		om)	Date of Return Time Returned		
Destination	City		Sta	te	
Purpose of Trip (Event)			Date/Time of Event		
	•		Reimbursed:		
Meals: Receipts <u>not</u>	required for meals. Meals	s provided	during a conference	/meeting are NO	T reimbursable.
Breakfast:	x 9.00	= 		kfast: Travel must beg Travel must continh: Travel must begin o	nue to at least 8:00 am
Lunch:	x 14.00	= Total	Dinn	er: Travel must begin	ne to at least 1:00 pm on or before 5:00 pm ne to at least 7:00 pm
Dinner:	x 22.00	= Total	_	Traver must contine	to at least 7.00 pm
Mileage: Receipts an	re <u>not</u> required for mileago	e. Mileage	is not paid to passe	engers.	
0 1	# of roundtrip m	_ x	\$0.655 =	rage Total	
Lodging: Original ite applicable taxes will	e mized paid receipt requir be reimbursed.	ed - NOT o	redit card receipt. (ONLY room char	ges plus
	# of nights	_ X	\$88.20 + tax =	ng Total	
Public Transportation	n: Original itemized paid	receipt req	uired – NOT credit	card receipt.	
	Public Trans	portation '	Гоtal:		
TOTAL AMOUN	NT TO BE REIMBUI	RSED	••••••		
Signature			Date_		_