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

State

Zip

Date of Departure

Time Left Home (am/pm)

Date of Return

Time Returned

Destination

City

State

Purpose of Trip (Event)

Date/Time of Event

Expenses to be Reimbursed:

Meals: Receipts not required for meals. Meals provided during a conference/meeting are NOT reimbursable.

<table>
<thead>
<tr>
<th>Breakfast:</th>
<th>Lunch:</th>
<th>Dinner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 7.00</td>
<td>x 10.50</td>
<td>x 17.50</td>
</tr>
<tr>
<td># of meals</td>
<td># of meals</td>
<td># of meals</td>
</tr>
</tbody>
</table>

Breakfast: Travel must begin before 6:30 am
Travel must continue to at least 8:00 am
Lunch: Travel must begin on or before 11:00 am
Travel must continue to at least 1:00 pm
Dinner: Travel must begin on or before 5:00 pm
Travel must continue to at least 7:00 pm

Mileage: Receipts are not required for mileage. Mileage is not paid to passengers.

x $0.58 =

# of roundtrip miles

Mileage Total

Lodging: Original itemized paid receipt required - NOT credit card receipt. ONLY room charges plus applicable taxes will be reimbursed.

x $84.60 + tax =

# of nights

Lodging Total

Public Transportation: Original itemized paid receipt required – NOT credit card receipt.

Public Transportation Total:

TOTAL AMOUNT TO BE REIMBURSED .........................

Signature _______________________________ Date ________________