

# 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.*

<b>Breakfast:</b> _____ x <b>7.00</b> = _____ <small># of meals</small> <span style="margin-left: 100px;">Total</span>	Breakfast: Travel must begin before 7:00 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
<b>Lunch:</b> _____ x <b>10.50</b> = _____ <small># of meals</small> <span style="margin-left: 100px;">Total</span>	
<b>Dinner:</b> _____ x <b>17.50</b> = _____ <small># of meals</small> <span style="margin-left: 100px;">Total</span>	

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

_____ x <b>\$0.56</b> = _____ <small># of roundtrip miles</small> <span style="margin-left: 100px;">Mileage Total</span>
-----------------------------------------------------------------------------------------------------------------------------

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

_____ x <b>\$86.40 + tax</b> = _____ <small># of nights</small> <span style="margin-left: 100px;">Lodging Total</span>
---------------------------------------------------------------------------------------------------------------------------

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

**Public Transportation Total:** \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_