

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.*

Breakfast:	_____	x	7.00	=	_____	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
	# of meals				Total	
Lunch:	_____	x	10.50	=	_____	
	# of meals				Total	
Dinner:	_____	x	17.50	=	_____	
	# of meals				Total	

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

_____	x	\$0.545	=	_____
# 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 _____