

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 9.00 = _____ <small># of meals</small> Total	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
Lunch: _____ x 14.00 = _____ <small># of meals</small> Total	
Dinner: _____ x 22.00 = _____ <small># of meals</small> Total	

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

_____ x \$0.70 = _____ <small># of roundtrip miles</small> Mileage Total

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

_____ x \$99.00 + tax = _____ <small># of nights</small> Lodging Total

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

Public Transportation Total: _____

TOTAL AMOUNT TO BE REIMBURSED

Signature _____

Date _____