

MSU FACILITIES MANAGEMENT

500 University Ave W

Minot, ND 58707

Reimbursement for personal funds used

for state fleet vehicle

Return completed form to Facilities Management within two (2) weeks of trip or expense.

Staple original receipt to upper left corner of this form.

Name _____ Emplid# _____

Address _____

City _____ State _____ Zip _____

Work Phone# _____

Department Name: _____

Dates of trip: _____ Vehicle#:SF _____

Odometer at time of fill/repair _____

Explain why personal funds were used for this purchase. This portion of the reimbursement will be forwarded to the North Dakota State Fleet office in Bismarck.
