

STUDENT TRAVEL EXPENSE REIMBURSEMENT FORM

Student Name: _____ Mustang ID#/Student ID#: _____

Address: _____

Club/Class Name: _____ Cost Center: _____

** For Out of state travel please attach Travel Authorization form**

☐

In state Travel

or

☐

Out of state Travel



Date	Travel times		Travel Location	Reason for Travel	Meals			Meal reimbursement Amount
					Breakfast	Lunch	Dinner	
	Departure							
	Arrival							
	Departure							
	Arrival							
	Departure							
	Arrival							
	Departure							
	Arrival							
	Departure							
	Arrival							

** Students (including Graduate Assistants) are reimbursed for meals at the AFSCME rate for more information visit

<https://www.smsu.edu/administration/businessservices/travel-authorization.html>

Total Meal Reimbursement: _____

I declare under the penalties of perjury that this claim is just and correct

Student signature: _____ Date: _____

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Date	Mileage			Other travel related Expenses	Total Mileage Amount plus Other
	Trip Miles	Mileage rate	Mileage Amount		

Advisor's signature: _____ Date: _____

Total Milage/Other: _____

(Meal Amount + Total Mileage/other) Total Reimbursement: _____

Business Office only

WD ID# _____

Process ID# _____

STUDENT TRAVEL EXPENSE REIMBURSEMENT FORM

Business Office only

WD ID# _____ Process ID# _____