SOUTHWEST MINNESOTA STATE UNIVERSITY

Expense Report

Name:		**Cost Center**	2-10159	$	Check if Contractual or Professional Improvement
Home Address:		**Cost Center**		$	
Perm. Work Station Address:	IL 150A, 1501 State St, Marshall MN 56258	**Cost Center**		$	
Work Phone:	507-537-6152	**If Employee - SEMA4 ID#**		(SEMA4 ID# is your payroll ID number)	
Department/Office:	DL - CAP ED Clinical Experiences	**If Student - Student ID#**		**Bargaining Unit**	

Date	ITINERARY			Reason For Travel	Trip Mi	Total Trip & Local Miles	Mileage Rate (See instructions for current rates)	Mileage Amount	Meals			Lodging	**Total**
	Time		Location		Local Mi				B	L	D		
		Departure											
		Arrival											
		Departure											
		Arrival											
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		Arrival											
		Departure											
		Arrival											
		Departure											
		Arrival											
					Totals:								

0.00

For Accounting Input Only

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts herein shown and hereby authorize payroll deduction of any such advances not accounted for within 30 days after completion of trip. I have not claimed frequent flyer mileage or other travel benefits as my own.

Employee's 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.

Supervisor's Signature Date

VP or Dean's Signature Date
(If needed, please see instructions)

- (●) In State Travel
- ( ) Out State Travel
  Attach Travel Authorization

- (●) Reimbursement
- ( ) Advance
- ( ) Settlement

Date	Other Expenses	Amount
	Total:	

SUBTOTAL:
LESS ADVANCE:
TOTAL TO BE REIMBURSED (REPAID):

Rev 9.23.13