

Expense Report

Name:							Cost Center 2-10602 \$ Charly if Contractual or								
Home Address:							Cost Center \$\$			Check if Contractual or Professional Improvement					
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				
	ITINERARY						Trip Mi		Mileage Rate		Meals				
Date	ate Time Locat		Location		Reason For Travel		Local Mi	Total Trip & Local Miles	(See instructions for current rates)	Mileage Amount	В	L	D	Lodging	Total
		Departure							,			_		g	
		Arrival													
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		Arrival	-									-			
		Departure Arrival						1							
		, invai				-	Fotals:								
For Accounting Input Only													0.00		
For Accounting Input Only I declare under the penalties of perjury that this claim is ju and correct and that no part of it has been paid except wit										Date		Otho	r Expense:		Amount
respect to those advance amounts herein shown and here						shown and hereby		 In State Travel Out State Travel 		Dale		Othe	r Expense:	5	Amount
authorize payroll deduction of any such advances not accord for within 30 days after completion of trip. I have not claim						I have not claimed	ited								
frequent flyer mileage or other travel benefits as my own.						fits as my own.			Authorization						
							_								
						Date									
Approved: Based on knowledge of the necessity for travel expense and on the basis of compliance with all provisions															
				applicable travel regulations.											
				Supervisor's Signature Date			_								
				VP or Dean's Signature Date			-							SUBTOTAL:	
					ease see instructions)					LESS ADVANCE:					
								TOTAL TO BE REIMBURSED (R						ED (REPAID):	