

TRAVEL REIMBURSEMENT WORKSHEET

NAME _____

SOC. SEC.# _____

SIGNATURE _____

ADDRESS TO SEND CHECK _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

PURPOSE OF TRIP _____

Date	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Airfare							
Travel Fee							
Taxis/shuttles/mileage* (list to/from; if personal car mileage, include #miles*)							
Airport Parking							
Meals:							
Breakfast							
Lunch							
Dinner							
Other							
Lodging							
Other Expenses							
Copies							
Phone (note who called, e.g., office)							
Misc.-specify							
TOTAL							

TYPES OF ALLOWABLE EXPENSES	AMOUNT ALLOWABLE	RECEIPT REQUIRED
Airfare & fee: at economy fare or reduced/penalty fare	Actual (if MSU didn't issue)	Original ticket and invoice
Taxi fares: office to airport to office; airport to hotel to airport; hotel to meeting to hotel	Actual	No, unless \$75.00 or more
*For personal car mileage only: office to airport and return	\$.40/mile	No
Airport parking fee	Actual	No, unless \$25.00 or more
Meals: overnight travel required for reimbursement of meals	Breakfast	\$6.00
	Lunch	\$9.00
	Dinner	\$19.00
	Daily Total	\$34.00
Lodging: single room rack rate	Actual	Yes
Other Expenses	Actual	Yes

Mail claim and receipts to: Chris DeFouw, MSU PROM/SE, 232 Erickson Hall, East Lansing, MI 48824-1034
 Phone: 517-353-4884; email defouw@msu.edu