CAO-21 MINNESOTA STATE UNIVERSITY, MANKATO **EPORT**

October 2001

Payee Name								
Home Address		DEPARTMENT USE ONLY						
		Cost Center No. O			Ol	bject		
Soc. Security No.	-							

_						Total					Fare	Other Reimbursable	
Date	Reason for Reimbursement		Itinerary		Trip	Trip and				Lodging	Air,	Expenses	Daily
		Time	ne Location		Miles	Local MI.	В	L	D		RR, Bus	(Itemize)	Expenses
			Departure										
			Arrival										
			Departure										
			Arrival										
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			Departure										
			Arrival										
	·		Departure										
			Arrival										
ALL EXPENSE REPORTS MUST BE SIGNED Total							Enter Total Mileage Expense						
I declare under the penalties of perjury that this claim is just and correct and that no part of it has been previously reimbursed to me. Total Trip & Local				Total Mi.	Rate	Sub	total	Total Expenses					

Non-State Employee Signature Date Phone

Approved: Based on knowledge of the necessity for travel and other expenses and on the basis of compliance with all provisions of Minnesota State University, Mankato Regulations.

Authorized Departmental Signature Work Phone Date

DEPARTMENT USE ONLY									
Honorarium Purchase Order #		Non-State Employee Type (check one)							
		MSU Student	Mentor						
		Interviewee	Other:						
(if applicable)		Speaker/Entertainer							

Business Office - Original with signatures Department - Photocopy Non-State Employee - Photocopy

This form available online at: www.mnsu.edu/busoff/forms

Adobe Acrobat Only

			BUSINESS OFFICE USE ON	ILY							
MNSCU PAYMENT VOUCHER TRANSACTION ENTRY											
Occur Date		Σ	Description:								
Tran Desc PO#		<	(- (11 digits)								
Vendor Nbr		S	lingle Check Flag		Default = N						
State Agency?	* Defa	ault = N P	V Type Code		**						
Process Date		Γ	Data Entry Only:								
Print Date											
Vend. Invoice			(EN Decrease transac	ction#)	(Input date)						
			(PV transaction#)		(Input Date)						
	Cost										
<u>FY</u>	<u>Center</u>	<u>Title</u>	<u>Object</u>	<u>Title</u>	<u>Amount</u>	D/C					