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| **TRAVEL EXPENSE REPORT - EMPLOYEES & STUDENTS** |
|  Employee SEMA4 ID       |  Employee Name       |  Work Phone       |  Home Address (Include City and State)       |
| Destination and Reason for Travel/Advance (example: XYZ Conference, Dallas, TX)      |
|  Trip Start Date       |  Trip Start Time       |  Trip End Date       |  Trip End Time       |  [ ] SHORT TERM ADVANCE [ ] RECURRING ADVANCE |  [ ] IN-STATE [ ] OUT-OF-STATE | [ ] Check if advance was issued for these expenses[ ] FINAL EXPENSE(S) FOR THIS TRIP? |
| Date | Daily Description |  | Miles |  | Meals 🗸 | Total Meals (overnight stay) | Total Meals (no overnight stay) taxable | Lodging | Telephone | Parking | Total |
|  |  |  |  |  | B | L | D |  |  |  |  |  |  |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|       |       |  |       |  | [ ]  | [ ]  | [ ]  |       |       |       |       |       | $0.00 |
|  | Total Miles (A)0.00 |  |  |  |  | Total MWI/MWO$0.00 | Total MEI/MEO$0.00 | Total LGI/LGO$0.00 | Total PHI/PHO$0.00 | Total PKI/PKO$0.00 | Subtotal (B)$0.00 |
| REIMBURSEMENT CALCULATION | **RATES** | **OBJECT CODES** | ***In-State*** | ***Out-of-State*** | ***Inter-national*** |
| 1. Enter rate, miles (A), and amount being claimed at **equal to the MnSCU rate**.  | Total Miles0.00 | Rate$0.465 | $0.00 |  | *Private Auto Mileage* | *2110* | *2210* | *2510* |
|  |  |  |  | *IRS mileage rate effective Jan. 1, 2017 - 46.5***¢ per mile** | *Travel Expense* | *2120* | *2220* | *2520* |
| 2. Enter Meals/Lodging total from above (B).  | $0.00 |  | *Registration Fee* | *2122* | *2222* | *2522* |
| 3. Other Miscellaneous Costs: |  | *Meal allowance rates for all bargaining units* | *Living Expenses* | *2130* | *2230* | *2530* |
|        | $0.00 | *Effective Jan. 1, 2014 B - $9.00 L - $11.00 D - $16.00* | *Travel Advance* | *2180* | *2280* | *2580* |
|        | $0.00 | *High Cost Metro Area B - $11.00 L - $13.00 D - $20.00* | *Meal w/o Lodging* | *2190* | *2290* | *2590* |
|        | $0.00 |  |  |  |  |  |
| **Grand Total:** | **$0.00** | **ACCOUNTING INFORMATION** |
|  |  | ***Cost Center*** | ***Obj Code*** | ***Amount*** |  | ***Cost Center*** | ***Obj Code*** | ***Amount*** |  |
| Less Advance issued for this trip: | $0.00 |       |      | $0.00 |  |       |      | $0.00 |  |
| Total amount available for reimbursement to the employee: | $0.00 |       |      | $0.00 |  |       |      | $0.00 |  |
| Amount of Advance to be returned by the employee by deduction from paycheck: | $0.00 |       |      | $0.00 |  |       |      | $0.00 |  |
| I declare, under penalty of perjury, that this claim is just, correct and that no part of it has been paid or reimbursed by the state of Minnesota or by another party except with respect to any advance amount paid for this trip. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCE. I have not accepted personal travel benefits. Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  | **TOTAL:**  | **$0.00** |  |
|  | **Person Responsible for Cost Center (required if different than supervisor)**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Supervisor Approval:** Based on knowledge of necessity for travel and expense and on compliance with all provisions of applicable travel regulations.Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SupervisorPhone:      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
|  |  |  *Business Services Office Use Only* Business Expense Trans Number: Trip ID: |