

Please Direct Deposit (MSU employees only)

THIS FORM DOES NOT AUTHORIZE TRAVEL

SECTION A: TRAVEL REIMBURSEMENT

Name: Doe (Last) Jane (First) (ZIPID or MSU NetID#)

Department: \_\_\_\_\_ Visa Type \_\_\_\_\_

Dept Addr: 1234 Michigan State Lane East Lansing MI 48824

Check One: US Citizen  Resident Alien \_\_\_\_\_ NonResident Alien \_\_\_\_\_

Check One: Faculty/Staff \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_ Other

Departure Date: 4/10/10 Return Date: 4/17/10 Destination(s) (City, State and Country required): Destination (City and State)

Reimbursement Limited to: \$ \_\_\_\_\_  
 Conference Fees Amount: \$ \_\_\_\_\_  
 Estimated Trip Costs: \$ \_\_\_\_\_  
 Travel Reimbursed by: MSU Funds  Non-MSU Funds \_\_\_\_\_

Purpose of Travel (Check all that apply and fill out description):  
 Conference/Meeting  Ext Rel/Devl \_\_\_\_\_ Int'l Programs \_\_\_\_\_ Research   
 Recruitment \_\_\_\_\_ Team \_\_\_\_\_ Teaching/Outreach \_\_\_\_\_ Other \_\_\_\_\_

Description: \_\_\_\_\_

SECTION C: TRANSPORTATION REIMBURSEMENT

DATES	STARTING	DESTINATION	MILEAGE	RATE	AMOUNT
04/10/10 - 04/17/10	Detroit, MI	Athens, Georgia	Round Trip		725.00
Transportation Sub-total					\$ 725.00

SECTION D: AIRFARE/RAIL DIRECT BILL INFORMATION - DO NOT INCLUDE IN TOTAL CLAIM

INVOICE #	STARTING	DESTINATION	OBJ CODE	ACCT #	AMOUNT
Direct Billing from page 2:					-
Airfare/Rail Direct Bill Total					\$ -

SECTION F: NOTES (Car rental justification, more than two in room, etc.)

\_\_\_\_\_

SECTION B: ACCOUNT(S) TO BE CHARGED

UNIT CODE	DEPT NAME	ACCT #	OBJ CODE	AMOUNT
2344	Fisheries and Wildlife			
020-InState		022-OutofState		Total:
025-NonMSU		026-International		028-ConferenceFees

\*\*\*ADVANCE NUMBER\*\*\*

SECTION E: SUBSISTENCE AND MISC.

DATE	DESCRIPTION	AMOUNT
4/10/10	Di (Dinner)	\$XX.XX
04/11 - 04/17	Br (Breakfast x 7 days @ X.XX / day)	\$XX.XX
04/15/10 & 04/16/10	Lu ( Lunch x 2 days @ XX.XX / day)	\$XX.XX
4/10/10	M - Shuttle Transportation	\$XX.XX
4/17/10	M - Airport Parking Fees	\$XX.XX

Subsistence Sub-total Page 1		\$ XX.XX
Subsistence Sub-total Page 2		-
Transportation Sub-total Page 1		725.00
Transportation Sub-total Page 2		-
<b>Total Claim</b>		<b>\$ 1,005.00</b>
<b>Limit</b>		<b>\$700.00</b>

SECTION G: REIMBURSEMENT SIGNATURES (Administrators: Please do not sign in black ink. Must be original signature.)

Jane Doe 4/18/2010  
 \*Traveler's Signature (faxed signatures acceptable) Date Unit Administrator or Unit Administrator Designate Date

\*I certify that the expenses claimed herein were necessary and reasonable in carrying out my University responsibilities and are reimbursable under University Policy and are directly related and appropriate to the account(s) charged.

Voucher Prepared by: Sue Faivor Date: \_\_\_\_\_  
 Preparer's Address/Email: faivors@msu.edu Phone: 2-5025

Contracts and Grants \_\_\_\_\_ Travel Office \_\_\_\_\_  
 Accounting \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_