

# Post-Travel Reimbursement Request

Please complete this form in order to be reimbursed for your travel expenses.

MICHIGAN STATE  
UNIVERSITY

## Trip Information:

To use this form, tab through each field. Please save the file and print it or email it to your ART representative or Department Office Secretary

Business Traveler Name:

Date Form Submitted:

Was there any deviation from business travel (any personal travel)? Yes: No:

Date of Trip

From:

To:

Destination:

## Business Purpose

Explanation of how trip benefits department goals. If on grant; how trip benefits objectives/scope of grant. The more specific, the better!

## Itemized Mileage

Mileage to/from airport, from MSU or personal residence, whichever is closer; Mileage to/from conference; Mileage will be calculated per University/Federal guidelines.

Date	Origin Name/Address	Destination Name/Address	Business Purpose

## Itemized Cab/Public Transit/Parking Fees

Attach all cab, public transit, parking, and gas receipts that were collected.

Date	Origin Address	Destination Address	Cost	Business purpose

## Flight

Attach complete itinerary, indicating proof of payment, with departure/arrival details. Any personal travel should be broken out. Indicate if this was a direct bill flight or if you are requesting reimbursement.

## Itemized Hotel Activities

Attach itemized hotel receipt indicating proof of payment and zero balance due. Provide a brief description of why hotel was chosen (conference hotel, location of hotel etc.). Describe any unusual charges with business purpose (shipment, phone usage); Provide details for any personal travel during trip.

**Itemized Daily Food Activities**

Attach conference itinerary if applicable. If you did not choose to eat at conference, explain why (conference meals at additional cost and not paid at registration)

\*Food allowance not provided by hotel/conference is provided per Federal guidelines using a standard M&IE (Meals & Incidental Expenses) allowance. Place a check mark for each meal you are seeking per diem for (**B**reakfast, **L**unch, **D**inner, or **INC**idental). If you are requesting reimbursement outside of the standard MI&E (i.e. business meeting), please provide detailed business purpose, itemized receipt, and a listing of all in attendance and their affiliations. Any alcohol should be specifically noted.

Date	B	L	D	INC	NOTES:

**Additional Receipts**

Attach any additional receipts and provide detailed business purpose for each expense.

Receipt	Amount	Business purpose

**Additional Comments:**

**Signature:**

Please print and sign this document or email it. Be sure to include all receipts with this document. All receipts should be taped to a regular size piece of paper and labeled. If submitting electronically, taped receipts can be copied and then scanned along with this document and emailed to your ART representative or your Department Office Secretary.

To be completed by ART Office only

	Conference program/itinerary attached
	Room service and/or laundry services removed from lodging bill
	Parking fees removed if rental car not approved and personal car not driven
	Room reimbursement cost at or below maximum federal per diem rate
	Any personal travel details were disclosed
	Any meals that were provided are excluded from M&I reimbursement