STUDENT EXPENSE REPORT

Complete all parts of this form that are applicable to the expenses you are submitting.
If claiming reimbursement, enter actual amounts paid, not to exceed limits listed on reverse.

Student Tech ID#	Reason for travel	Student Name	Address
IN-STATE			
OUT-STATE			

Date	Time	Daily Description/ Comments	Meals			Total all Meals	Mileage	Parking	Lodging	Total
			B	L	D					
TOTALS:										

Subtotal: _____

Cost Center (s): _____

_____
Student Signature   Date

_____
Advisor/Supervisor Signature   Date

_____
Cost Center Manager Signature   Date

Other Expenses:			
Date	Expenses Type	Comments	Total

GRAND TOTAL: $ _____

EXPENSE REIMBURSEMENT ALLOWANCES

TYPE OF EXPENSE	REIMBURSEMENT ALLOWANCE	
State-owned vehicle not available	.70 cents per mile	
State-owned vehicle denied	.63 cents per mile	
Tolls and parking fees	actual cost	
Commercial Transportation (air, taxi, rental car, etc.) plus reasonable gratuities	actual cost	
Motorcycle	no reimbursement applicable	
Overnight lodging	actual reasonable cost	
Work-related long distance calls	actual cost	
Special expenses (e.g. conference fees, banquet tickets)	actual cost with prior approval	
Meals plus reasonable gratuities >breakfast (in travel status overnight or leave home before 6 am) >lunch (in travel status and more than 35 miles from work station) >dinner (in travel status overnight or return home after 7 pm)	actual cost up to maximums breakfast - $ 9.00 lunch - $11.00 dinner - $16.00	$11.00* $13.00* $20.00*

Milage reimbursement is for direct route from either home or campus to destination, whichever is closer.

Breakfast (must leave home before 6:00 AM or have an overnight stay)
Lunch (may be claimed if you are more than 35 miles from permanent work station and/or an overnight stay)
Dinner (may be claimed if you are more than 35 miles from permanent work station and/or an overnight stay)

Cost of meal includes tax and a reasonable gratuity
* If traveling to out of state metro areas if applicable.