ST CLOUD STATE UNIVERSITY
INTERNAL TRAVEL REQUISITION

FORM CS1401 (9/19/03)

Cost Center	Object Code	Amount	D/C
Total Amount to be Paid			

FOR ACCOUNTING USE ONLY:

Trip I.D. _____

Pay Period: _____

Acctg Trans: _____

Object Codes:

	In-State	Out-of-State
Mileage/Priv. Auto	2110	2210
Mileage/Excess IRS Rate	2112	2212
Travel Expense	2120	2220
Registration Fee	2122	2222
Living Expense	2130	2230
Travel Advance	2180	2280
Meal w/o Lodging	2190	2290

Trip Dates: Destination: Reason For Travel:

Employee I.D. Number _____

Employee Name _____ Date _____

Address _____ Dept. _____

City, State, Zip _____ Employee Phone Nbr. _____

Signature _____
(Person Responsible for Cost Center)

PS425