|  |
| --- |
| **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)      | Bargaining Unit       |
|  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 | Taxi/ Shuttle | 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 TXI/TXO$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 MinnState rate**.  | Total Miles0.00 | Rate$0.600 | $0.00 | *Meal allowance rates, AFSCME, MAPE & Managerial Plan* | *Private Auto Mileage* | *2110* | *2210* | *2510* |
|  |  |  |  |  *Standard Cost Areas B - $11.00 L - $13.00 D - $19.00 T - $43.00* | *Travel Expense* | *2120* | *2220* | *2520* |
| 2. Enter Meals/Lodging total from above (B).  | $0.00 |  *High Cost Metro Area B - $12.00 L - $15.00 D - $23.00 T - $50.00* | *Registration Fee* | *2122* | *2222* | *2522* |
| 3. Other Miscellaneous Costs (airfare, conference registration, etc.): |  | *Meal allowance rates, MSUAASF non-PDF,MMA, MNA, Commissioners Plan* | *Living Expenses* | *2130* | *2230* | *2530* |
|        | $0.00 | *Standard Cost Areas B - $10.00 L - $13.00 D - $19.00 T – $42.00* | *Travel Advance* | *2180* | *2280* | *2580* |
|        | $0.00 | *High Cost Metro Area B - $12.00 L - $15.00 D - $23.00 T - $50.00* | *Meal w/o Lodging* | *2190* | *2290* | *2590* |
|        | $0.00 | *Meal allowance rates, MSUAASF PDF* | **ACCOUNTING INFORMATION** |
| **Grand Total:** | **$0.00** | *Standard Cost Areas B - $12.50 L - $16.25 D - $23.75 T - $52.50* | ***Cost Center*** | ***Obj Code*** | ***Amount*** |
|  |  | *High Cost Metro Area B - $15.00 L - $18.75 D - $28.75 T - $62.50* |       |      | $0.00 |  |
| Less Advance issued for this trip: | $0.00 | *Meal allowance rates, IFO* |       |      | $0.00 |  |
| Total amount available for reimbursement to the employee: | $0.00 | *Standard Cost Areas B - $13.75 L - $16.25 D - $23.75 T - $53.75* |       |      | $0.00 |  |
| Amount of Advance to be returned by the employee by deduction from paycheck: | $0.00 | *High Cost Metro Area B - $15.00 L - $18.75 D - $28.75 T - $62.50* |       |      | $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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | ***IRS mileage rate eff. 1/1/24 - 60.0¢/mi., eff 1/1/23-12/31/23 - 58.5¢/mi.***  | **TOTAL:**  | **$0.00** |  |
|  | **Person Responsible for Cost Center (required if different than supervisor)**Printed nameand Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Supervisor Approval:** Based on knowledge of necessity for travel and expense and on compliance with all provisions of applicable travel regulations.Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SupervisorPhone:      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
|  |  |  *Business Services Office Use Only* Business Expense Trans Number: Trip ID: |