

# Employee Expense Report Quick Step Instructions:

Please complete all information as requested

## Section I: Employee Information

Helpful Hints:

- 1) Select either In-State or Out-of -State/International
  - a) Out of State Travel/International requires the completed and signed Travel Authorization attached to payment method.
- 2) Select Report Type
  - a) Reimbursement - Employee has used personal funds. If the travel has not occurred this is considered an "Advance". See Advance and Settlement.
  - b) Advance - Employee is requesting funds for travel that has not occurred. Employees may only have one Advance at a time. If an Advance is issued a settlement is required.
  - c) Settlement - Employee received an advance and is providing documentation of actual expenses incurred. Reminder-This is to be completed 5 days from the return date.
- 3) Your Employee ID is the same as your "Payroll ID". If you don't know this number, please contact HR or the Payroll Office.
- 4) Your Dragon ID is the same as your "Tech ID". This is the number on your state photo ID.
- 5) Select appropriate Bargaining Unit. If you don't know your bargaining unit, please contact HR or the Payroll Office.
- 6) ***Only include expenses for which reimbursement is being requested.***

## Section II: Travel Itinerary and Expenses

Helpful Hints:

- 1) Complete the entire daily travel expenses.
  - a) Your departure and arrival time will indicate if you are to receive reimbursable meals:  
The breakfast meal is reimbursed when the trip begins before 6:00 a.m.  
The lunch meal is reimbursed when the employee is in travel status through the normal lunch period and 35 miles from workstation.  
The dinner meal is reimbursed when the trip ends after 7:00 p.m.
  - b) Mileage  
State-owned vehicle available but declined, or not requested is 46.5 cents per mile (.465) for travel on or after 1/1/2017.  
Rate prior to 12/31/16 is .47 cents per mile (.47)  
State-owned vehicle not available is 53.5 cents per mile (.535) for travel on or after 1/1/2017.  
Rate prior to 12/31/16 is .54 cents per mile (.54). (Motor Pool documentation required)

Meal and Mileage reimbursement amounts/rates are available online:

<http://www.finance.mnscu.edu/contracts-purchasing/contracts/reference/index.html>

## Section III: Other Expenses

Helpful Hints:

- 1) Complete date and details to "Other Expenses". This is the portion of the form to request reimbursement for airfare, conference fees, supplies, rental car and memberships, etc.

## Section IV: Cost Center Allocation

Helpful Hints:

- 1) Complete the cost center information and amounts to equal the "Total amount to be paid to Employee".

### Important:

- ▶ Complete your totals and attach documentation (including your Out-of-State/International Travel Authorization)
- ▶ Forward for the appropriate signatures and submit to Business Services.
- ▶ Please allow 3 weeks for processing.
- ▶ If submitted 60 days after expense, the reimbursement becomes taxable and tax withholding must be taken.
- ▶ For an advance settlement, Employee Expense Reports must be submitted to Business Services within 5 business days after travel.

Visit "University Travel Information" on the Business Services website for additional policies and procedures.

[mnstate.edu/travel](http://mnstate.edu/travel)

*form on next page...*



MINNESOTA STATE UNIVERSITY  
**MOORHEAD**

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|                    |  |   |
|--------------------|--|---|
| <b>Section I:</b>  | <b>Travel Type:</b> <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State/International (must attach travel authorization) | <b>Report Type:</b> <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance <input type="checkbox"/> Settlement |
| Name:              |  | <b>Travel Destination and Purpose of Expense:</b>   |
| Home Address:      |  |   |
| Work Address:      |  |   |
| Work Phone:        |  | Employee ID#  |
| Department/Office: |  | Dragon ID #   |
|                    |  | Bargaining Unit: Required   |

| <b>Section II:</b>           | <b>Only include expenses for which reimbursement is being requested</b> |           |                   |               |              |                |             |   |   |                |             |
|------------------------------|---|-----------|-------------------|---------------|--------------|----------------|-------------|---|---|----------------|-------------|
| Date                         | Daily Itinerary   |           | Reason for Travel | Daily Mileage | Mileage Rate | Mileage Amount | Meal Amount |   |   | Lodging Amount | Daily Total |
|                              | Time  | Location  |                   |               |              |                | B           | L | D |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
|                              |   | Departure |                   |               |              |                |             |   |   |                |             |
|                              |   | Arrival   |                   |               |              |                |             |   |   |                |             |
| <b>Section II Subtotals:</b> |   |           |                   |               |              |                |             |   |   |                |             |

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts herein shown and hereby authorize payroll deduction of any such advances not accounted for within 28 days after completion of trip. I have not claimed frequent flyer mileage or other travel benefits as my own.

\_\_\_\_\_  
Employee's Signature Date

I approve based on my knowledge of the necessity for the expense and on the basis of compliance with all provisions of applicable policy and procedure.

\_\_\_\_\_  
Supervisor/Department Chair's Signature Date

\_\_\_\_\_  
VP/ Dean/Director's Signature Date

|   |                |       |
|---|----------------|-------|
| <b>Section III:</b>                         |                |       |
| Date  | Other Expenses | Total |
|   |                |       |
|   |                |       |
|   |                |       |
|   |                |       |
|   |                |       |
| Section III Subtotal:                       |                |       |
| <b>TOTAL OF SECTION II AND III:</b>         |                |       |
| Less Advance (If Applicable):               |                |       |
| <b>TOTAL AMOUNT TO BE PAID TO EMPLOYEE:</b> |                |       |

|                         |   |
|-------------------------|---|
| <b>Section IV:</b>      | <b>Total amount must equal amount to be paid to employee:</b> |
| Cost Center number/name | \$  |
| Cost Center number/name | \$  |
| Cost Center number/name | \$  |