

Expense Report Form

Southeast Missouri State University		EXPENSE REPORT		BANNER ID		SSN		TE No.								
				Name												
				Address												
Send completed forms to Accounts Payable HS 3250 INCOMPLETE FORMS WILL BE RETURNED				Department		Office Phone		Mail Stop								
Date	Purpose/Destination		Transportation	D	E	Lodging	Registration	D	E	Meals	D	E	Misc	D	E	Explanation of Miscellaneous
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
	From:	To:	Mileage			Lodging				Bkft						
			Airfare			Reg. Fees				Lnch						
			Other							Dnnr						
TOTAL EXPENSES			Miles	Rate	Mileage	Transport	Lodge/Reg	Meals	Misc	Grand Total						
			0	0.375	0.00	0.00	0.00	0.00	0.00							
D = University Paid Directly E = Exception Expense that requires supervisor approval												SUBTRACT: UNIVERSITY DIRECT PAY CODE (CODED TOTALS)				
I certify that the above expenses are true and eligible business expenses in accordance with University policy, and do not include non-permissible expenditures.												EQUALS: EXPENSES PAID DIRECTLY BY INDIVIDUAL				
Individual Signature												SUBTRACT: TRAVEL ADVANCES				
Date												EQUALS: BALANCE DUE				
Supervisor Approval												INDIVIDUAL				
Date												UNIVERSITY				
Grants Comp. Approval (if applicable)												IF NOT FULL REIMBURSEMENT, INDICATE AMOUNT TO PAY				
Date												(INCLUDING TRAVEL ADVANCES)				
FOR ACCOUNTS PAYABLE OFFICE USE ONLY												FUND/ORG OR INDEX TO CHARGE				
FY	Fund/Org or Index	Acct	Amount	Document No.	Check Amount	Approved By	Entered By									

- ☐ Complete this form for claiming travel expenses and business meals.
- ☐ Incomplete forms will be returned.

ER - Individual's Information

BANNER ID		SSN		TE No.	
Name					
Address					
Department		Office Phone		Mail Stop	

- ☐ **Banner ID** – Southeast ID number of Individual
- ☐ **SSN** – Social Security Number if a Southeast ID is unknown or does not exist.
- ☐ **TE No.** – Cash Advance trip number if a Cash Advance was given for this trip.
- ☐ **Name** – Individual's First and Last Name
- ☐ **Address** – Individual's Home address is required
- ☐ **Department & Mail Stop** – Dept. that the individual works for, or the dept. that is responsible for the individual's reimbursement.
- ☐ **Office Phone** – Campus Extension of a contact person if there are any questions about the ER.
- ☐ **Mailstop** – Submitting Department's mailstop.

ER - Purpose & Destination

Date	Purpose/Destination	
	From:	To:
	From:	To:
	From:	To:
	From:	To:
	From:	To:
	From:	To:

- ☐ **Date** – First day of travel, each row should reflect one day's expenses.
- ☐ **Destination** –
 - **From** – City, State the individual is leaving from
 - **To** – City, State the individual is traveling to
- ☐ **Purpose** – Detailed description of what the expenses for that day were for. No Acronyms or Abbreviations.

ER - D & E Boxes

D	E

- ☐ **D** – University Paid Directly – this box should be marked to show that an expense was paid directly by the University (i.e. direct pay or purchase order)
- ☐ **E** – Exception Expense that requires supervisor approval – an expense that does not comply with policy. An explanation should be given with the expense report and approval for the exception must be given by the supervisor/financial manager for it to be an allowable reimbursement.

Supervisor Approval	Date	E

ER - Transportation

Transportation		D	E
Mileage			
Airfare			
Other			

Miles	Rate	Mileage
0	0.370	0.00

- **Mileage –**
 - Total Miles
 - Mileage Rate
- **Airfare –**
 - Cost of Flight,
 - Attach ticket / boarding passes
- **Other –** Any other form of **transportation** to the destination city (i.e. rental car, bus, train)

ER - Lodging / Registration

Lodging/Registration		D	E
Lodging			
Reg. Fees			

- ❑ **Lodging** – one night's hotel stay.
 - Original, itemized, paid receipt reflecting applicable occupancy rate.

- ❑ **Registration** - any fees for attending event.
 - Receipt showing payment. If no receipt, copy of registration form showing costs and proof of payment. (i.e.; credit card statement, front and back copy of cleared check)
-

ER - Meals while Traveling

Meals		D	E
Bkfst			
Lunch			
Dinner			

- ☐ **Meals** – Enter per meal breakdown for meals.
 - ☐ **Tips** – per diem includes tip.
 - ☐ **If using per diem rates** – use the per diem for the city where the individual had the meal.
 - ☐ **If using actual receipts** – if under per diem, receipt is not required. If meal is over per diem and claiming full amount, receipt must be attached and the **E**xception box checked.
 - ☐ **Same day travel** – use criteria chart in Policy Manual to determine what meals may be claimed.
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ER - Business Meals

Meals		D	E
Bkft			
Lunch			
Dinner			

- ☐ **Meals** – Enter the amount in the meal timeframe box.
 - ☐ **Original, Itemized, Paid receipt required**
 - ☐ **Alcoholic beverages are NOT reimbursable.**
 - ☐ **Tips** – up to 18% of actual meal cost allowed. (excluding alcohol)
 - ☐ **Purpose** – include time & place along with Business purpose of meal.
 - ☐ **Attendees** – list persons in attendance and their business relationship to the meal.
-

ER - Miscellaneous

Misc	D	E	Explanation of Miscellaneous

- ❑ **Miscellaneous Expenses** – any other business expenses incurred while traveling. These should be listed separately and include the explanation on the corresponding line. (i.e. fuel, parking, phone calls, taxi, shuttle, tip for bellhop, etc.)
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ER - Totals

		Grand Total
		0.00
SUBTRACT: UNIVERSITY DIRECT PAY CODE (CODE D TOTALS		0.00
EQUALS: EXPENSES PAID DIRECTLY BY INDIVIDUAL		0.00
SUBTRACT: TRAVEL ADVANCE(S)		
EQUALS: BALANCE DUE	INDIVIDUAL	0.00
	UNIVERSITY	
IF NOT FULL REIMBURSEMENT, INDICATE AMOUNT TO PAY		
(INCLUDING TRAVEL ADVANCES)		
FUND/ORG OR INDEX TO CHARGE		

Form calculates

- Grand Total
- Univ. Direct Pay Codes
- Expenses Paid directly by Individual.
- Balance Due

Fields to enter.

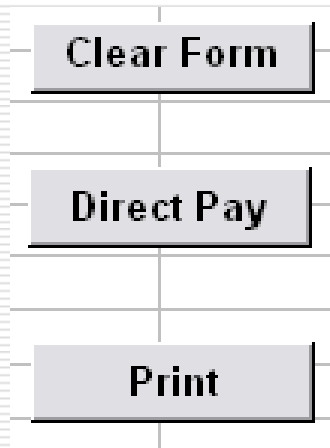
- Cash Advance amount if applicable.
- Amount to pay if the expenses paid directly by the individual should not be fully reimbursed.
- Fund/Org or Index Code of budget to be charged. Corresponding amount if splitting between budgets.

ER - Signatures

<i>I certify that the above expenses are true and eligible business expenses in accordance with University policy, and do not include non-permissible expenditures.</i>							
Individual Signature	Date	Supervisor Approval	Date	E	Other Approval (if applicable)	Date	E
Grants Comp. Approval (if applicable)	Date	Other Approval (if applicable)	Date	E	Other Approval (if applicable)	Date	E

- ☐ **Individual's Signature** – Required
- ☐ **Supervisor's Approval** – Required
- ☐ **Financial Manager's Approval** – Required
(If different than Supervisor)
- ☐ **Grant Accountant's Approval** – Required if paying from a grant budget.
- ☐ **Other Approvals** –
 - Out of Country Travel requires VP/Provost level approval. *FYI – Provost requires Dean's signature.

ER - Form Buttons



- ☐ **Function Buttons are located to the upper right side of the form.**
- ☐ **Clear Form** – to clear form of any information previously filled in.
- ☐ **Direct Pay** – recalculates Expense Report if changes are made before printing.
- ☐ **Print** – use to print the form.

Saving a Copy of the Form – The form can be saved as an Excel file, but it is recommended that a physical or scanned copy of the form should be made by the Individual / Department after all required signatures are on the form.
