

Student Reimbursement Request Quick-Step Guide

Please complete all information as requested for reimbursement. Student travel requires a completed Student Authorization attached to each payment method.

Section I: Student Information

1. Enter your name, Permanent Address and/or Local Address, and Phone Number
2. Complete the Purpose of Expense (supplies, event, etc.)
3. Enter your Dragon # and Student Organization/Department

Section II: Travel Itinerary and Expenses

Only include expenses for which reimbursement is being requested.

1. Fill out:
 - a. Travel type: In-State, Out-of-State, or International
 - b. Travel Destination (City/State/Country)
2. Complete the entire daily travel expense(s) to be reimbursed
 - a. Your departure and arrival time will indicate if you are to receive reimbursable meals:
 - i. Breakfast- Actual cost not to exceed \$9.00
 - Reimbursed when trip begins before 6am
 - ii. Lunch- Actual cost not to exceed \$11.00
 - Reimbursed when student is in travel status through the normal lunch period and is 35 miles from campus
 - iii. Dinner- Actual cost not to exceed \$16.00
 - Reimbursed when trip ends after 7pm
 - b. Mileage
 - i. State-owned vehicle available but declined- student will be reimbursed 50.5 cents per mile (.505) for travel on or after 1/1/2020
 - ii. State-owned vehicle not available- student will be reimbursed 57.5 cents per mile (.575) for travel on or after 1/1/2020

Section III: Other Expenses

1. Complete date and details for "Other Expenses." This is the portion of the form to request reimbursement for airfare, conference fees, supplies, rental car, parking, etc.
 - a. Students and State Employees using state funds traveling on state business and using commercial airlines cannot claim frequent flier mileage as their own.

Section IV: Cost Center Allocation

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

Important:

- Complete your totals and attach your Student Travel Authorization and required original itemized receipts.
- Obtain appropriate signatures and submit to either Business Services (Owens 106) or the Office of Student Activities (CMU 113).
- Please allow 3 weeks for processing.

Section I:	Only include expenses for which reimbursement is being requested.	Purpose of Expense: Give a detailed description including name of event, conference attended, etc.	
Name:			
Permanent Address:			
Local Address:			
Phone Number:			
		Dragon ID#	Organization/Dept:

Section II:		Travel Type:	In-State	Out-of-State	International	Travel Destination (City/State/Country):					
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										
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	Departure										
	Arrival										
	Departure										
	Arrival										
	Departure										
	Arrival										
Section II Subtotals:											

I declare under the penalties of perjury that this claim is just and correct.
I certify that I have not claimed frequent flyer mileage for personal use.

Student 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

Submit to: Business Services (Owens 106) or Office of Student Activities (CMU 113) for student organizations/SABC.

Section III:		
Date	Other Expenses	Total
Section III Subtotal:		
TOTAL OF SECTION II AND III:		
TOTAL AMOUNT TO BE PAID TO STUDENT:		

Section IV:	Total amount must equal amount to be paid to student:
Cost Center number/name _____	\$
Cost Center number/name _____	\$
Cost Center number/name _____	\$
Cost Center number/name _____	\$