Williston State College Travel Expense Reimbursement Request

Name _____

EmplID _____

Address _____

Purpose of Trip/Destination _____

In State Reimbursement Rates
Breakfast $5.00
Lunch $7.50
Dinner $12.50
Room $55.00 + TAX

Out of State Rates, Call 4203

* MEALS FOR ONE DAY OF TRAVEL WHERE THERE IS NO OVER-NIGHT STAY ARE CONSIDERED TAXABLE GROSS INCOME

			IN-STATE TRAVEL				OUT-OF-STATE TRAVEL				MISC. TRAVEL	
			521035	521020	521015	521030	521035	521080	521075	521090		
DATE M/D	DEPART/ RETURN TIME	POINTS COVERED BY TRAVEL	MEALS TAXABLE	MEALS NON-TAX	LODGING	PERSONAL VEHICLE MILES	MEALS TAXABLE	MEALS NON-TAX	LODGING	PERSONAL VEHICLE MILES	Registration Fees	Taxi, Parking, Airfare
						x.45						
		TOTAL										

Business Office Use Only - Total $ _____

Method of Travel:

- ☐ State Fleet
- ☐ Personal Vehicle
- ☐ Commercial

Indicate meals covered by registration or provided:

_____

FUND: _____ **DEPT:** _____ **PROGRAM:** 0 _____ **PROJECT:** WSC000 _____

TRAVELER SIGNATURE_____ DATE_____

DEPARTMENT APPROVAL_____ DATE_____

ADMINISTRATIVE APPROVAL_____ DATE_____

Note: Receipts for lodging, commercial carrier, taxi and miscellaneous expenses must be turned in with this request. Please staple to back of this sheet.