MICHIGAN STATE UNIVERSITY

TRAVEL REIMBURSEMENT WORKSHEET (TRW)

STUDENT ORGANIZATION ACCOUNTS

THIS FORM IS REQUIRED WHEN PAYMENT REASON CODE "O" IS USED ON A DISBURSEMENT VOUCHER

SECTION A: TRAVEL REIMBURSEMENT

Name: ______________________ (Last) (First) (MSU NetID)

Department: ______________________ Visa Type

Dept Addr: ______________________

Check One: US Citizen ____ Resident Alien ____ NonResident Alien ____

Check One: Faculty/Staff ____ Graduate ____ Undergraduate ____ Other ____

Departure Date	Return Date	Destination(s) (City, State and Country required)

Reimbursement Limited to: $ -

Conference Fees Amount: $ -

Conference Fee Paid by ProCard: Yes ____ No ____

Airfare/Rail Direct Billed: Yes ____ No ____

Direct Billed Amount: $ ____

Direct Billed Airfare/Rail Invoice Number(s): ____

Purpose of Travel (Check all that apply and fill out description):

Conference ____ Meeting ____ Other ____

Description:

SECTION B: TRANSPORTATION REIMBURSEMENT

DATES	STARTING	DESTINATION	MILEAGE	RATE	AMOUNT
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
				Transportation Sub-total	$ -

SECTION C: NOTES (Car rental justification, shared hotel room explanation, etc.)

SECTION D: ACCOUNTING LINE to be entered in the Disbursement Voucher e-doc (* required items)

ACCOUNT* NUMBER	SUB ACCOUNT	**OBJECT* CODE**	SUB-OBJECT CODE	PROJECT CODE	ORG. REF. ID	**AMOUNT***
					Total:	$ -

SECTION E: SUBSISTENCE AND MISC.

Br - Breakfast Lu - Lunch Di - Dinner Lo - Lodging M - Misc (Item name required)

DATE	DESCRIPTION	AMOUNT
	Subsistence Sub-total Page 1	$ -
	Subsistence Sub-total Page 2	$ -
	Transportation Sub-total Page 1	$ -
	Transportation Sub-total Page 2	$ -
	Total Claim	**$ -**
	Limit	**$ -**

REIMBURSEMENT SIGNATURES

Traveler's Signature ____ **Date** ____

Authorized Signature ____ **Date** ____

MSU is an affirmative-action, equal-opportunity employer.

Rev 12/2010