

Non-Employee Travel Reimbursement

You must complete a Vendor Authorization and Substitute W-9 tax form before payment can be processed.

Name _____ Date _____

Address _____

_____ City _____ State _____ Zip Code _____

Check One:

Search Candidate Guest Speaker Prospective Grad Student

Visitor Other (Please Describe) _____

Reason for Trip (Conference, Etc.) _____

TRANSPORTATION

LODGING

MEALS (Mpls, St Paul)

Airfare \$ _____

Hotel \$ _____

Breakfast \$ _____
(max \$12 per day)

Train/Bus Fare \$ _____

Taxi \$ _____

Lunch \$ _____
(max \$18 per day)

Parking/Tolls \$ _____

Rental Car \$ _____

Dinner \$ _____
(max \$31 per day)

Personal Car \$ _____

_____ Miles @ .585 per Mile

Conference Registration: \$ _____

| | | |
|-----------------------------------|-----------|--|
| Total Due To Traveler: | \$ | |
|-----------------------------------|-----------|--|

Please Attach ALL your Receipts

Signature of Payee: _____

RETURN TO: University of Minnesota
Dept. of Mechanical Engineering
Attn: Accounting Department
111 Church Streets, Room 1103 ME
Minneapolis, MN 55455

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For Office Use

EXPENSE JUSTIFICATION: You *must* answer the following before reimbursement will be processed.

Who (will be affected/benefited by this expense) _____

Where (did payee travel) _____

Why (was this travel expense necessary) _____

How (does this expense benefit account being charged) _____

PI
Signature: _____ **Empl ID** _____ **Date** _____

Fund _____ **Dept ID** _____ **Program** _____ **Project** _____

Accounting Use Only

Account _____ **CF1** _____ **CF2** _____ **Cost Share** _____