

# MSTP Student Reimbursement Form

Please bring in this form and receipts to the MSTP office (T401), or send your entire reimbursement in one PDF to [mstp@case.edu](mailto:mstp@case.edu). Please include the following:

- Your receipt, itemized if necessary. If you have more than one receipt, please use the table below to list and total them.
- Reason for reimbursement
- Total amount
- IMPORTANT - We cannot reimburse for taxes

(1) Student to be reimbursed: \_\_\_\_\_

(2) Date: \_\_\_\_\_

(3) Total Amount to be reimbursed: \_\_\_\_\_

(4) Purpose of reimbursement: \_\_\_\_\_

Vendor	Amount
<b>Total</b>	

**Please pick up your reimbursement at the Cashier's Office in Yost Hall when notified!**

# MSTP Meal Reimbursement Form

Please bring in this form and receipts to the MSTP office (T401), or send your entire reimbursement in one PDF to [mstp@case.edu](mailto:mstp@case.edu).

## **Please attach:**

- An itemized receipt of the meal with the alcohol items circled
- Your final credit card receipt which includes tip

(1) Student to be reimbursed: \_\_\_\_\_

(2) Date: \_\_\_\_\_

(3) Restaurant: \_\_\_\_\_

(4) Amount to be reimbursed: \_\_\_\_\_

(5) Purpose of meal: Applicant(s) interviewing with MSTP \_\_\_\_\_

## **Who was there?**

<u>Names of MSTP Student(s)</u>	<u>Names of Applicant(s)</u>

**Please pick up your reimbursement at the Cashier's Office in Yost Hall when notified!**

## STATEMENT OF TRAVEL EXPENSE

<b>*DO NOT COMBINE MORE THAN ONE EVENT ON EACH FORM</b>	DATE _____
DEPARTMENT _____	Bldg: _____

NAME _____	*Purpose of Trip _____
ADDRESS _____	
CONTINENTAL AIRLINES FREQUENT FLYER #: _____	Date of Trip _____ To _____
	EMPLID: _____

DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE		TOTAL	Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
							MILES	\$ EXTENDED		
SUB-TOTAL										

DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER		TOTAL	Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
						DESCRIPTION	AMOUNT		
SUB-TOTAL									

<b>ALL RECEIPTS RELATED TO TRAVEL (INCLUDING COPIES OF PCARD TRANSACTIONS) MUST BE SUBMITTED TO TRAVEL SUPERVISOR</b>	TOTAL
Are you considered a non-resident alien for tax purposes?	Less charges assigned directly to University
If yes, please contact Foreign Faculty and Scholars,(368-4289) for help with travel expense reimbursement.	Less Advance
	DUE UNIVERSITY
	DUE TRAVELER

Did you purchase any alcoholic beverages?  
 (If so, please use account code 599020)

SIGNATURE / CERTIFICATION OF TRAVELER: \_\_\_\_\_ APPROVAL - Traveler's Supervisor: \_\_\_\_\_  
 "I certify that all expense are in accordance with the University Travel Policy. I also certify that the reimbursement for charges are permissible under sponsor guidelines where applicable and charges to federally sponsored projects do not include alcohol."  
Signature

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Printed Name and Title (required) \_\_\_\_\_ Phone \_\_\_\_\_

- INSTRUCTIONS:**
1. COMPLETE 2 COPIES OF STATEMENT OF TRAVEL EXPENSE FOR EACH TRIP
  2. ALL RECEIPTS INCLUDING PCARD/E-TICKET RECEIPTS MUST BE PROVIDED TO PROCESS TRAVEL EVENT
  3. ONE COPY OF FORM AND P CARD RECEIPTS MUST STAY IN DEPARTMENT
  4. FOR THIS TRAVELER'S REIMBURSABLE EXPENSES, COMPLETE ON-LINE PAYMENT REQUEST FORM (PEOPLESOFT) ACCOUNTS PAYABLE: PAYMENT REQUEST: TYPE :TRAVEL REIMBURSEMENT
  5. PRINT COMPLETED PAYMENT REQUEST
  6. ENTER PAYMENT REQUEST NUMBER IN BOX ON STATEMENT OF TRAVEL EXPENSE
  7. ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT TO OTHER COPY OF STATEMENT OF TRAVEL EXPENSE AND FORWARD WITH PAYMENT REQUEST FORM TO ACCOUNTS PAYABLE
- Record payment request no. here