Bemidji State University **Non-employee Expense Report**

NAME: (PRINT)	Full Address: (PRINT)	*SS# Required*	BSU Account Number#

Phone Number	Trip Start:	Trip End:	Reason for travel / expenses:
	Agency: Bemidji State University		

	Departure		Arrival		Meals in $			Private Car Miles				Lodging	Other	Subtotals
Date	Time	From	Time	To	Breakfast	Lunch	Dinner	Miles	x Rate	Mileage Total			(gas, taxi, air, bus)	Across
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
Subtotals Down					0.00	0.00	0.00			0.00		0.00	0.00	
Office Use	Input Object Codes													

Grand total-down 0.00

I declare under the penalties of perjury that this claim is just and correct. Signed:_____ Date:_____

Approved, based on knowledge of the necessity for travel and in compliance with all travel regulations.

BSU Authorized Signature: _____ Date:_____

Please attach original receipts