

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
Subtotals Down													
Office Use	Input Object Codes												
Grand total-down													

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

All signatures must be original