

## Multi-Location Travel Expense Reimbursement Request

## Submittal of this form within 30 days of travel is requested.

Central Finance ndsu.accounting.travel@ndsu.edu 701.231.7432		Portfolio 1 ndsu.acct.asc.port1@nds 701.231.7657	su.edu ndsu.a	Portfolio 2 ndsu.acct.asc.port2@ndsu.edu 701.231.5950		Portfolio 3 ndsu.acct.asc.port3@ndsu.edu 701.231.5926		Portfolio 4 ndsu.acct.asc.port4@ndsu.edu 701.231.4634		
Name:						Emp		pl ID:		
E-mail:								<ul><li>○ Full Time Employee</li><li>— ○ Student</li></ul>		
Trip Purpos	e:									
				Program:						
Blooco oo	mploto the info	If you have more than rmation below for							document.	
Meals provi	ded by another s	ource, including lodg vere put on a Purcha	ing facilities o	or meeting/	conference	e organizers, r	nay not be	claimed for		
Date	Destination	Start Time	Return Time	Meals B L D		age Registration	0 0	Flight	Other -add description in notes	
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Notes: Plea	se add any addit	tional unique informa	tion or notes	we should	know:					
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Please include all necessary documents with this cover sheet. All receipts must include payment method. Some of these items include:

- Agenda for conference/meeting or NDSU In-State Travel Agenda/Meeting form
- Hotel receipt showing payment method and zero balance
- Detailed airplane receipt showing breakdown of costs and departure/arrival times
- If claiming mileage include a map of route driven
- · Detailed registration receipt for conference/meeting
- Uber/taxi receipt including map and payment method(\$5 maximum tip allowed)
- If student is being reimbursed for attending a conference/meeting, include the Payment for Student Travel form
- Include any other receipts that you are requesting reimbursement for such as baggage, parking, etc.