

STUDENT REIMBURSEMENT WORKSHEET

****Form must be completed and attached to Payment Request Form in Jaggaer****

	XXX-XX-
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NAME Last 4 digits of SOCIAL SECURITY NUMBER (Required for all US Citizens)

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ADDRESS CITY STATE ZIP

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Purpose of Expense:

EXPENSES TO BE REIMBURSED:

MISC PAYMENTS/STIPENDS:

Please list each expense and applicable amount

Misc Payment Total

Description _____

Description _____

TRAVEL EXPENSES: (account 521105)

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Date of Departure Time of Departure (xx:xx am/pm) Date of Return Time of Return (xx:xx am/pm)

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Destination (City, State, Country)

MEALS: (per diem based on current in-state and out-of-state rate listings): **Receipts are not required for meals**

	Rate		# of Meals		Total
Breakfast:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Lunch:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Dinner:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Meal Total					<input type="text"/>

MILEAGE: (GSA rate) **Receipts are not required for mileage**

Total Miles		Rate		Mileage Total
<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>

LODGING: (Do not include lodging expense if directly paid by UND)

Lodging Total
<input type="text"/>

AIRLINE: (Do not include ticket expense if directly paid by UND)

Electronic Ticket Invoice required.

Airline Total
<input type="text"/>

TOTAL AMOUNT TO BE REIMBURSED:

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(Should equal sum of all categories above and should equal amount of requested reimbursement)

I hereby certify this itemized statement representing a claim for per diem, mileage and /or travel expenses or combination thereof is truthful and accurate. All expenses claimed have not been paid by the state through direct payments to the hotel or with a state credit card and is not a duplicate payment.

Student's Signature (in ink)

Date: MM/DD/YYYY