

College of St Benedict  
 Business Office, Main 230  
 St Joseph MN 56374  
 320/363/5187

St. Johns University  
 Accounts Payable Wimm 201  
 Collegeville MN 56321  
 320/363/2995

Order of St. Benedict  
 Accounts Payable Quad 121  
 Collegeville, MN 56321  
 320/363/2888

## CSB/SJU/OSB Travel Expense Reimbursement Form

Name \_\_\_\_\_

Travel date/s \_\_\_\_\_ to \_\_\_\_\_

Department \_\_\_\_\_

Meeting site City/State \_\_\_\_\_

Employee ID Number \_\_\_\_\_

**Purpose of travel** \_\_\_\_\_

\*\*\*\*\*ATTACH ALL ORIGINAL RECEIPTS\*\*\*\*\*

FOREIGN TRANSACTIONS INCLUDE BANK/CREDIT CARD STMT VERIFYING EXCHANGE TO U.S. CURRENCY

Date						<b>TOTALS</b>
Registration Fee						
Hotel/Lodging <small>(attach original statement)</small>						
Meals    Breakfast						
	Lunch					
	Dinner					
Airfare						
	Total air miles					
Rental Car						
Personal Car <small>(miles x \$.55 per mile)</small>						
<small>Complete personal car use mileage log on the back of this form.</small>						
Taxi and other						
Parking						
Other <small>(tips specify)</small>						

<b>Total Travel Expenses</b>	\$ _____
<b>Less expenses paid by CSB/SJU/OSB</b>	\$ _____
<b>Net Amount Due Traveler</b>	\$ _____

Check Payable to: \_\_\_\_\_

Account #'s to be charged

Legal Tax Address \_\_\_\_\_

\$ \_\_\_\_\_ acct # \_\_\_\_\_ - \_\_\_\_\_

\$ \_\_\_\_\_ acct # \_\_\_\_\_ - \_\_\_\_\_

\$ \_\_\_\_\_ acct # \_\_\_\_\_ - \_\_\_\_\_

Travelers Signature \_\_\_\_\_

**Allow 6 business days for processing**

Dept Heads Signature \_\_\_\_\_

**Individuals are not to approve their own requests. Requests cannot be processed without the appropriate signatures.**

