

computer SCIENCE & ENGINEERING

UNIVERSITY OF MINNESOTA

Non-Employee Reimbursement

*****Please Attach ALL of Your Original Receipts and Submit within 60 Calendar Days*****

Name _____ Date _____

Address _____

_____ City _____ State _____ Zip Code _____

Check One:

- Search Candidate
 Guest Speaker
 Prospective Grad Student
 Visitor
 Other (Please Describe) _____

Reason for Purchase/Travel (Conference, Etc.) _____

TRANSPORTATION			LODGING/ MEALS			REGISTRATION/OTHER		
Airfare	\$		Hotel	\$		Registration	\$	
Train / Bus Fare	\$							
Taxi	\$		Breakfast	\$		Other	\$	
Parking / Tolls	\$							
Rental Car	\$		Lunch	\$		Other	\$	
Mileage	\$							
CY2019 - 0.58 per mile			Dinner	\$				
CY2018 - 0.545 per mile								

Total Due Requestor \$ _____

I certify I have incurred the identified business expense(s) and have not been reimbursed for them by any other sources.
Signature _____

Return either via mail or email:
 University of Minnesota - Computer Science & Engineering
 4-192 Keller Hall 200 Union Street SE Minneapolis, MN 55455
 Email: cspurch@umn.edu Phone: 612-625-4002

computer
science & Engineering

UNIVERSITY OF MINNESOTA

INTERNAL PURPOSES ONLY

EXPENSE JUSTIFICATION: Authorized Approver *must* answer the following before reimbursement will be processed.

Who (will be affected /benefited by this expense?)

Where (did the expense incur?)

Why (was this business expense necessary?)

How (is this expense consistent with or beneficial to the purpose of the funding source?)

Authorized Approver UMN Signature: _____ Date _____

%	Fund	Dept ID	Program	Project	CF1	CF2	Empl ID

Questions about this form and/or request for changes, please contact cspurch@umn.edu attn: Faith