

# Expense Reimbursement Instructions

- (1) Visit the University of Minnesota Forms Library :  
<http://www.policy.umn.edu/groups/ppd/documents/main/formhome.cfm>
- (2) Under "Find a Form" in the upper left, Search by Title: "Employee Expense Worksheet".
- (3) Click "Excel" under "Format".
- (4) Complete the following information:
  - (a) Employee ID #
  - (b) Name, Address
  - (c) Description – include the 5 Ws (Who, What, Where, When and Why)
  - (d) Enter date, brief description and dollar value for each item purchased or day of travel (one item or day per line). Refer to <http://travel.umn.edu/perdiemrates.php> for per diem rate information.
- (5) The form will total expenses automatically.
- (6) Print and sign the form and attach all receipts.
- (7) Submit to Rochelle Emmel, 580 Rarig (Theatre) Jessica Cray, 111 Barker Center (Dance).

UNIVERSITY OF MINNESOTA  
**EMPLOYEE EXPENSE REPORT**  
 Attach completed worksheet and required documentation to the Expense Report.  
 Use for all employee travel and non-travel expenses.

Reimbursement Instructions:  
 Attach Xerox copies of receipts to this report. Do not attach original receipts.  
 If Wide Form: M-012  
 Revision: 1/16/10

(a) Employee ID		
(b) Name		
(b) Address		
(b) City/State/Zip		
Expense Report Number		
Authorization ID Number		
Advance ID Number		
Travel Destination(s)/Purchase Location(s)		
Travel/Purchase Date(s) MM/DD/YYYY		
Frequent Flyer Miles Earned		
Frequent Flyer Miles Used		
Foreign Conversion Rate		

Detailed Expense Justification (Who, What, Where, When & Why)  
 (c) 5 Ws

Date MM/DD/YY	Detailed Description Use as many lines as necessary.	Transportation				Lodging	Meals				Hospitality/ Group Meals	Other	Totals \$
		Miles	Rate	Mileage	Airfare		Breakfast	Lunch	Dinner	Per Diem			
(d)			0.585	-									\$ -
			0.585	-									\$ -
			0.585	-									\$ -
			0.585	-									\$ -
			0.585	-									\$ -
			0.585	-									\$ -
			0.585	-									\$ -
Total:		0		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Additional Page(s) Total:  
 Total Amount to be Reimbursed: \$ -

My Signature Certifies:  
 • The listed expenses are legitimate.  
 • I have not been nor will be reimbursed for these expenses by any other source(s).  
 • I have not earned frequent flyer points for personal use.  
 • Required receipts/documentation are attached.  
 • I have complied with University Policy.

Prepaid Expenses	Document #	Amount
Airfare:		
Conf. Registration:		
Other:		
Total		\$ -

(6) Signature of Payee on Date \_\_\_\_\_  
 Optional: Authorized Signature and Date \_\_\_\_\_

Fund	Dept ID	Program	PCBU	Project	Activity	Account	CF1	CF2	CS	Amount