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

SJU Travel Expense Reimbursement Form

Name						
Department			to			
Travelers ID Num	ber	Meeting site City/S	Meeting site City/State			
Purpose of travel						
		ECEIPTS –Note – Please do not use highlig K/CREDIT CARD STMT VERIFYING EX				
Date			TOTALS			
Registration Fee						
Hotel/Lodging (attach original statement)						
Per Diem Breakfast						
Lunch						
Dinner						
Business Breakfast						
Meals Lunch						
Dinner						
Airfare						
Total air miles						
Rental Car						
Personal Car (miles x \$.55 per mile)						
Complete personal car use milea. Taxi and other	ge log on the back of this form.					
Parking						
Other (specify)						
	Total Travel Expen Less expenses paid Net Amount Due T	by SJU \$				
Check Payable to:		Account	#'s to be charged			
		\$	acct # acct # acct #			
Travelers Signature _			6 huginess days for processing			
Dept Heads Signature	·		6 business days for processing			
Individuals are not to app	rove their own requests. Requ	ests cannot be processed without the a	ppropriate signatures.			
Questions call Accounts Payable	Ginny #2995 Lynn #3276					

Personal	Car	Use Mileage	ြေဂဋ
	Cui	Che minerage	

Date	Beginning Mileage	Ending Mileage	То	From	Total Miles	X \$.55/mile
Total						\$

PER DIEM

The University uses the High-Low method to determine how much our travelers receive for meals and incidentals when traveling on University business. The current Meals & Incidentals rate is \$45 per full day of travel unless the city you visited is on the High Localities list. The current High Localities rate is \$58 per full day. http://www.irs.gov/pub/irs-pdf/p1542.pdf

Meal	Regular	High Cost City
Breakfast	\$8.00	\$11.00
Lunch	\$12.00	\$16.00
Dinner	\$22.00	\$28.00
Incidentals	\$3.00	\$3.00