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

## **SJU Travel Expense Reimbursement Form**

Name	T 114/	4			
Department		to			
Travelers ID Number	Meeting site City/State	Meeting site City/State			
Purpose of travel					
*****ATTACH ALL ORIGINAL RECEIPTS – No FOREIGN TRANSACTIONS INCLUDE BANK/CR					
Date		TOTALS			
Registration Fee					
Hotel/Lodging (attach original statement)					
Per Diem Breakfast					
Lunch					
Dinner					
Incidentals					
Business Breakfast					
Meals Lunch					
Dinner					
Airfare					
Air miles from ticket or google "air miles calculator"					
Rental Car					
Personal Car					
Complete personal car use mileage log on the back of this form.  Taxi and other					
Parking					
Other (specify)					
Total Travel Expenses Less expenses paid by Net Amount Due Trav	<b>SJU</b> \$				
Check Payable to:	Account #'s to	be charged			
Legal Tax Address	\$ a	cct #			
	\$	acct #			
		acct #			
Travelers Signature	Allan. ( l	inoss davis for procesi-s			
Dept Heads Signature		siness days for processing			
Individuals are not to approve their own requests. Requests Questions call Accounts Payable Ginny #2995 Lynn #3276	cannot be processed without the appropr	iate signatures.			

<b>Personal</b>	Car	Use N	<b>Mileage</b>	Log
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Date	Beginning Mileage	Ending Mileage	From	То	Total Miles	\$0.56mile
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 \$52 per full day of travel unless the city you visited is on the High Localities list. The current High Localities rate is \$65 per full day.

Meal	Regular	High Cost City
Breakfast	\$8.00	\$11.00
Lunch	\$12.00	\$16.00
Dinner	\$27.00	\$33.00
Incidentals	\$5.00	\$5.00