

ST CLOUD STATE UNIVERSITY INTERNAL TRAVEL REQUISITION

FORM CS1401 (3/18/14)

COST CENTER	OBJECT CODE	AMOUNT	D/C
TOTAL AMOUNT TO BE PAID			

FOR ACCOUNTING USE ONLY:

Trip I.D. _____

Pay Period: _____

Acctg Trans: _____

Object Codes:	In-State	Out-of-State
Mileage/Priv. Auto	2110	2210
Mileage/Excess IRS Rate	2112	2212
Travel Expense	2120	2220
Registration Fee	2122	2222
Living Expense	2130	2230
Travel Advance	2180	2280
Meal w/o Lodging	2190	2290

<u>TRIP DATES:</u>	<u>DESTINATION:</u>	<u>REASON FOR TRAVEL:</u>
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Employee I.D. Number _____	
Employee Name _____	Date _____
Address _____	Dept. _____
City, State, Zip _____	Employee Phone Nbr. _____
Person Responsible for Cost Center _____ (Signature / Printed Name)	