



EMPLOYEE REIMBURSEMENT REQUEST

Please fill out all information below that applies, attach receipts and email completed form to: musharedservices@missouri.edu

NAME			EMPLID				DATE				
BUSINESS PURPOSE AND DESCRIPTION											
DATE TIME	ORIGINATING LOCATION	DESTINATION LOCATION	EXPENSE TYPE (see tab of expense types)	BREAKFAST	LUNCH	DINNER	AIRFARE ONLY		MOCODE	PS ACCOUNT	TOTAL
				ENTER *P* IF PROVIDED; OTHERWISE LEAVE BLANK			MERCHANT	TICKET NUMBER			
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USED PERSONAL VEHICLE											
	MILES AT	\$0.655	CENTS PER MILE	\$	-				TOTAL	\$	-

updated 7/3/23 JE