

CONTRACTORS EXPENSE FORM
Not for use by WSU, Minnesota State or
State Agency Employees

**If you are a WSU, Minnesota State or State Agency employee, please complete an
Employee Expense form for these expenses**

A.

| |
|----------------------------------|
| REMIT PAYMENT TO (PLEASE PRINT): |
| NAME _____ |
| COMPLETE MAILING ADDRESS |
| _____ |
| _____ |
| _____ |
| PHONE _____ |
| EMAIL _____ |

B. (Record total number of miles and the “To” and “From” cities. Actual costs for meals not to exceed amounts below).

| DATE | ALLOWABLE EXPENSES | DESCRIPTION | RATE | TOTAL |
|------|-----------------------------------------------------|-------------|---------------------|-------|
| | Total # of Miles: _____ To: _____ From: _____ | | 62.5 cents per mile | |
| | Parking/Tolls | | Actual cost | |
| | Air Fare* | | Actual cost | |
| | Taxi* | | Actual cost | |
| | Rental Car* | | Actual cost | |
| | Overnight Lodging* | | Actual cost | |
| | Breakfast, if departing before 6am | | Up to \$9.00 | |
| | Lunch, if in travel status | | Up to \$11.00 | |
| | Dinner, if return after 7pm | | Up to \$16.00 | |
| | Supplies/Other* | | Actual cost | |
| | TOTAL FOR THE DAY | | | |

***RECEIPTS: Itemized paid receipts are required for all expenses (even meals). All forms of canceled checks and photocopies of credit card bills do not substitute for original receipts.**

C. SIGNATURES REQUIRED FOR PAYMENT:

Contractor Signature: _____

Approval Signature by WSU Authorized Representative: _____