TRUMAN STATE UNIVERSITY  
Department of Public Safety  
REIMBURSEMENT FORM  
for  
State Fleet Vehicles

If an individual has to pay for gas or service to a State Fleet Vehicle rather than being able to use the assigned Voyager card, s/he should mail the receipt(s) to PUBLIC SAFETY, along with the following information:

| NAME: _____________________________________________________________ |
| BANNER ID NUMBER: ______________________ Address: ______________________ |
| Department: _____________________________ Phone: ________________________ |
| Status: ○ Faculty ○ Staff ○ Student ○ Other ____________________ |

**REIMBURSEMENT of EXPENSES INCURRED for:**

- Dates of Trip: ____________________________________________________
- Destination: ____________________________________________________

**LICENSE PLATE OF STATE VEHICLE:**   __________________________________

**Business Purpose of the trip:**  _________________________________________________  
___________________________________________________________________________

**FUEL EXPENSE**  
$ _____.

If FUEL was purchased, please indicate the quantity: _____________________ gallons

If other vehicle expenses (i.e., oil change, tire repair, etc.) were incurred, please itemize:

- ____________________________________________________ $_____.
- ____________________________________________________ $_____.
- ____________________________________________________ $_____.
- ____________________________________________________ $_____.

**TOTAL AMOUNT OF EXPENSES INCURRED:**  
$_____.

**Please send the receipts and this form completed to:**

PUBLIC SAFETY, Fleet Vehicles, GS108  
785-7400 or 4177 or vehicles@truman.edu

Please allow 10-14 business days for processing of the reimbursement form.