Invoice

Student Organization Name

Student Organization Street Address

Student Organization City, State and Zip Code

Date:

Invoice #:

Organization's M number: _____

To: Missouri State University
College of Business
901 South National, Glass Hall 400
Springfield, MO 65897
417-836-5646

Business Purpose		
Dates of travel:		
	Description	**Total**
	Hotel and Taxes	
	Airfare	
	Mileage or gas	
	Breakfast	
	Lunch	
	Dinner	
	Taxi	
	Registration	
	Other	
	List of all people traveling to be attached	
	Total expenses	$ 0.00
	Less cash advance	
	Total reimbursable expense: not to exceed $2,500	$ 0.00