

Expense Reimbursement Request

Name: _____

ID # _____

Date: _____

Mileage expense (mileage to be determined using <http://maps.yahoo.com>)

Date	Place or Places	Purpose of Trip	Miles claimed

Rate per Mile _____

Total miles claimed _____

Mileage expense _____

Expenses - Receipts required, except for meal per diem, for expenses in excess of \$10.

The college reimburses only the current per diem rate for meals.

Current rates are: Breakfast \$12, Lunch \$18, Dinner \$28 (daily total \$58)

Date	Meals	Lodging	Fees	Other	Explanation of Other	Daily Total

Expenses claimed _____

Total Mileage and Expenses claimed _____

Advance amount, if received (enter as positive amount or 0.00) _____

Balance due Glen Oaks _____

Balance due claimant _____

Account Distribution (Must total Mileage and Expenses claimed):

Account Number	Amount

I certify that this is an accurate & just claim: _____ (claimant signature)

Administrative approval: _____

Business Office approval: _____

Date received by Business Office: _____ AP Voucher #: _____ Date Paid: _____