

Business Office

## Payment & Expense Reimbursement Request Form

Submit this form along with supporting documents to [accounts\\_payable@mcad.edu](mailto:accounts_payable@mcad.edu).

Requests for payments for services, honoraria, or awards must include documentation of the amount agreed to be paid and the date of service/award. Acceptable documents include invoices, award letters, contracts, letters of agreement, or email or text exchanges stating amounts and dates. If an individual is paid hourly, include hours worked and rate of pay. Include a completed form W-9 if one is not already on file. A link to the spreadsheet reference for on-file W-9s is available on the Business Office intranet page or by contacting [accounts\\_payable@mcad.edu](mailto:accounts_payable@mcad.edu). **When in doubt, request a W-9.**

Employee & student reimbursement requests must be submitted within 45 days of purchase and include a completed reimbursement ledger (see page 2 of this document). Include copies of itemized receipts and/or route(s) traveled. Amounts under \$50.00 are paid via petty cash for on-site employees & students not enrolled in direct deposit.

Name:

Address:

City:

State:

Zip:

Country:

Phone:

Email:

Mail  
Check

Hold check  
for pick up

Direct Deposit

Non-Resident Alien

\*Must complete IRS forms  
W-8BEN, 8233 and/or W-7

Special Handling:

Description & Explanation of Payment:

Please be as descriptive as possible. Include dates and event, class, or project names when applicable.

Account(s) to charge:

Fund	Object	Dept	Function	Amount
Total:				

Petty Cash Only

Received by:

Signature

Date

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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MINNEAPOLIS  
COLLEGE of ART and DESIGN

Updated 9/30/25

Business Office

Expense Reimbursement Ledger

Please be as descriptive as possible. Include dates and event, class, or project names when applicable.  
Include copies of itemized receipts and/or routes traveled.

Name:

Date:

Expense Reimbursement

Date	Place of Purchase	Reason for Purchase	Amount
Total			

Mileage Reimbursement

Date	Destination	Reason for Travel	Mileage
Total Mileage			
Total at		Rate Per Mile of	

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