**MINNEAPOLIS
COLLEGE of ART and DESIGN**

**Business Office**

# Payment & Expense Reimbursement Request Form

Submit this form along with supporting documents to 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. **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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**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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