MINNEAPOLIS COLLEGE of ART and DESIGN

Business Services Expense Reimbursement

This is for <u>Employee or Student</u> reimbursements for purchases, travel expenses, and other expenses. Please attach documentation supporting the expense. More space for reimbursements are on page 2. Reimbursements under \$40.00 may be paid via petty cash; check the petty cash box below unless a check is preferred. Completed requests are due by 5pm on Fridays for a check to be cut the following Wednesday. A W-9 must be submitted for all new employees and students reimbursements due to IRS changes. Paper requests should be placed in the mail room or Business Services drop-box and electronic requests can be emailed to Accounts_Payable@mcad.edu. Incomplete forms will be returned to the requester.

For Accounting Office Only							
1099 Misc Vendor ID:							
1099 NEC							
<u> </u>							
REI Only							

	e mail room or Business Services dro Payable@mcad.edu. Incomplete form			iled to	REI Only			
Name: Phone:								
epartn	nent:		Finally					
ailing .	Address:							
Ci	ty:		State:	Ziţ	Zip:			
US	Mail Hold for Pickup:	call or email	Include form	with check	pecial Handling:			
Petty	y Cash (40.00 or under)	Expe	nses					
ate	Place of Purchase		Business Purpose		Amount			
			-		\$			
					\$			
					\$			
					\$			
					\$			
ate	Travel Destination	Busines	s Purpose		Mileage			
	Total Miles	\$ 0.70	Rate Per Mi	le 01-01-2025				
			(Mileage Total with Expenses) TOTA					
und	Object	Departm	nent	Project	Amount			
					\$			
					\$			
					\$			
			(Milea	age Total with Expenses) ${f T}$				
		,			1			
queste	ed By:	Da	ate:	Dept/Title:				
prove	d By:	Da	ate:	Dept/Title:				
					Page 1			
ceived	BY:	Da	ate:					

MINNEAPOLIS COLLEGE of ART and DESIGN

Business Office: Continued Expense Reimbursement

Name: Date of Request:

Expenses

Business Purpose

Continued **Employee or Student** reimbursement form as needed. Re-add said requesters name and date to this page.

Place of Purchase

Date

					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Date	Travel Destination	Busines	ss Purpose		Mileage
	Total Miles	\$ 0.70	O Rate Per Mile	01-01-2025	
		(1)	Mileage Total with E	xpenses) TOTAL	
Fund	Object	Departi	ment	Project	Amount
					\$
					\$
					\$
					\$
			(Mileage	Total with Expenses) TC	TAL \$
					· '

Amount