

MCAD

**Business Office:
Expense Reimbursement**

This is for **Employee or Student** reimbursements. For purchases and travel expenses; cash or check request. Attach all supporting documents and proper account coding. If the coding is incorrect or no supporting documents are attached it will be returned to the requester. If the amount listed is under \$100 it can be given to the requester in cash. If its over \$100 a check will be printed. If received by noon on Tuesday the check will be processed the next day. If it is received after noon on Tuesday the check will be printed the following week.

For Accounting Office Only	
<input type="checkbox"/>	Taxable Compensation
<input type="checkbox"/>	Non-Taxable Compensation

Name: _____ **Phone:** _____

Department: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

US Mail Hold for Pickup: call or email Include form with check Special Handling:

Expenses

Date	Place of Purchase	Business Purpose	Amount
			\$
			\$
			\$
			\$
			\$
Date	Travel Destination	Business Purpose	Mileage
	Total Miles	\$ 0.56 Rate Per Mile	
(Mileage Total with Expenses) TOTAL			

Fund	Object	Department	Project	Amount
				\$
				\$
				\$

Requested By: _____ **Dept/Title:** _____
Date

Approved By: _____ **Dept/Title:** _____
Date

