EXPENSE REIMBURSEMENT FORM

(Detailed Receipts Required)

PRINTED NAME: _____

DATE SUBMITTED: _____

SUPERVISOR SIGNATURE: _____

SUPERVISOR PRINTED NAME: _____

(Dept 1)

COMPANY: _____

UNIT: _____

ACTIVITY: 99

SUB-ACCOUNT (optional): _____

(Dept 2)

COMPANY: _____

UNIT: _____

ACTIVITY: 99

SUB-ACCOUNT (optional): _____

DATE OF TRAVEL	BUSINESS PURPOSE AND DESCRIPTION (Please indicate all starting points and destinations) *(If more than one department is being charged, indicate if it is Dept 1 or Dept 2)*	MEALS & LODGING Dom: 67200 Intl: 68200	(A) Guest listed On receipt	(B) Confer-ence w/o lunch	(C) 12+ hours or over night	TAXIES /PARKING Dom: 67900 Intl: 68900	OTHER ACCOUNTS *Frequently Used Accounts* Account #	Amount	MILEAGE 67100 # (D) Reimb Miles	x Mileage Rate	= Amount to be Reimbursed	OR Airport Flat Rate	Total
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
		$	☐	☐	☐	$		$			$	$	
	Accounts Subtotals:	$				$		$			$	$	

We highly encourage ACH Reimbursements.

First time ACH Users
CLICK HERE to complete form.

Reimbursement To:

- ☐ Employee
- ☐ Student (check at least one of the following)
  - ☐ International Student
  - ☐ Student org, department supply, mileage reimbursement, etc.
  - ☐ Student traveling for own benefit (Travel Grant)
- ☐ Other _____
- ☐ College (if advance exceeds expenses)

GRAND TOTAL EXPENSES: $_____

LESS: CASH ADV INCLUDE ATM FEE: (acct: 11650) (_____)

REIMBURSEMENT TOTAL: $_____

(A) If there were others besides yourself at the meal, please write names of all individuals on the receipt and check this box.
(B) If the meal expense was incurred at a conference where the cost of the meal was not included in the conference fee, please check this box.
(C) If the expense was incurred while traveling with an overnight stay or on a 12+ hour work day, please check this box.
(D) **Reimbursable Mileage** is your total mileage driven for the day less your normal round-trip commuting miles between your home and St. Olaf College.
Note: Please complete this form and turn in to the Accounts Payable Office within 20 business days of when the expenses are incurred. We highly encourage ACH reimbursements (please sign form in Business Office). If any expenses are reimbursed after being accounted for more than 60 days of when they were incurred, we will be required by the IRS to record them as income to you on your W-2, which you will be required to pay tax on. By signing this document, I agree that the expenses listed above are valid St. Olaf business expenses, and understand that if the expenses are approved for reimbursement after being accounted for more than 60 days from when they were incurred, they will be recorded as income to me through payroll.

Employee/Student Signature: _____ **Date:** _____