



Employee Reimbursement Request

Destination: _____
 Dates of Travel: _____
 Purpose of Travel: _____
 Leave of Absence Approved Yes N/A

*Employee ID: _____
 *Name: _____
 Address: _____

[See 11.1 Employee Reimbursement Policy](#)

Date	Description	Amount	Business Purpose	*Account Number or Faculty Prof. Dev.
Section Total		\$		

Attach All Receipts. If you are requesting mileage as a part of this request, input mileage x rate under description and enter total under Amount.

For Per Diem Meal and Incidental (M&IE) Rates within the U.S.: FOLLOW THESE STEPS AND COMPLETE THE TABLE BELOW

Click on <http://www.gsa.gov/portal/content/104877>. Enter the State and City of the Conference. Locate the M&IE in the last column in the light blue bar. Go to #5 under Footnotes and click on the Breakdown of M&IE Expenses for breakfast, lunch, dinner, and incidentals. Use this chart to enter the daily Per Diem rate listed above. DO NOT include meals provided by the conference or a third party in the M&IE row of the chart below. First and Last Day of Travel are calculated at 75% of the total (see chart).

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Account Number
Date								
Meals paid by Employee	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	Total M & IE
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	
	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	
M & IE Only	\$	\$	\$	\$	\$	\$	\$	\$

Do Not Attach Receipts

Grand Total (Pay this Amount) \$

I certify that this is a true report of my expenses.

I approve of the reimbursement of these expenditures.

Employee Signature

Supervisor/Dean's Signature

Date:

Date:

Note: After supervisor approval, form can be sent back to employee. Employee is then responsible for submitting form and receipts electronically to Financial Services. See instructions at www.grcc.edu/financeandadministration. ***If this information is missing, your request will be returned to you.**