MACAC Expense Reimbursement

NAME: WORK PHONE:

ADDRESS (Where check should be mailed):

CITY STATE ZIP

COMMITTEE:

**Please list all expenses and attach/scan receipts!**

**BUSINESS EXPENSES:**

Awards $\_\_\_\_\_\_\_\_\_\_\_

Catering $\_\_\_\_\_\_\_\_\_\_\_

Gifts/Prizes $\_\_\_\_\_\_\_\_\_\_\_

Office/Meeting Supplies $\_\_\_\_\_\_\_\_\_\_\_

Postage/Shipping $\_\_\_\_\_\_\_\_\_\_\_

Printing $\_\_\_\_\_\_\_\_\_\_\_

Telephone $\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL EXPENSES:**

Conference Registration Fees $\_\_\_\_\_\_\_\_\_\_\_

Lodging $\_\_\_\_\_\_\_\_\_\_\_

Meals $\_\_\_\_\_\_\_\_\_\_\_

Transportation

Commercial $\_\_\_\_\_\_\_\_\_\_\_

Personal Vehicle: @ $.50 per mile $\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_

**TOTAL REIMBURSEMENT REQUEST:** $\_\_\_\_\_\_\_\_\_\_\_

The above expenses were for the following date(s):

The expenses were incurred for:

Check should be made out to: \_

Signature of person requesting reimbursement: Date:

Signature of Committee Chair: \_ Date:

|  |  |
| --- | --- |
| **EMAIL (PREFERRED) TO:** clev0069@umn.edu | **MAIL COMPLETE REPORT TO:** Bill Cleveland240 Williamson Hall231 Pillsbury Drive SEMinneapolis, MN 55455 |

Please note that check reimbursements can take 5-10 business days to arrive.

For Office Use Only: Date: Amount Paid: $ Check #

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