EMPLOYEE EXPENSE REIMBURSEMENT REQUEST 2020

EMPLOYEE NAME: _____

DATE: _____

HOME COST CENTER: _____

MARSHALL MEDICAL CENTER

FOR FINANCE DEPARTMENT USE ONLY:	
VENDOR #:	INVOICE #:

				Employee Travel Expenses							Other Expenses		
Line	Date	Destination (to/from)/ Business Purpose	Charge Dept *if NOT* Home Dept	Total Miles (Round Trip, if applicable)	Mileage @ $0.575 per mile Acc't 60688	Other Transporta-tion/ Parking/ Tolls/etc.* Acc't 60688	Lodging* Acc't 60688	Breakfast** Acc't 60452	Lunch** Acc't 60452	Dinner** Acc't 60452	Phone/ Internet Acc't 60685	Other (Supplies, etc.)* Dollar Amount $	Other (Supplies, etc.)* Indicate coding in this column
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
	Totals from Extended Form***												
	Total												

Less Adj's: Previous Advance or Disallowed Amounts

Net Employee Reimbursement

*** Receipts must be attached for all expenses over $5.00.**

**** Maximum for reimbursement for all meals in one day is $50; alcoholic beverages will not be reimbursed.**

***** Please use the Extended Form sheet for monthly expense summary, if more than 10 rows are needed.**

With my signature, I certify above expenses were incurred for the benefit of MMC:

Signature: _____

Director Approval: _____

VP Approval: _____
(only if over Director limit)

FOR FINANCE USE ONLY	60688	60452	60685			
Home Cost Center						
Other Cost Center						
Other Cost Center						

EMPLOYEE EXPENSE REIMBURSEMENT REQUEST - EXTENDED FORM 2020

MARSHALL MEDICAL CENTER

EMPLOYEE NAME: _____

DATE: _____

HOME COST CENTER: _____

Line	Date	Destination (to/from)/ Business Purpose	Charge Dept *if NOT* Home Dept	Employee Travel Expenses: Total Miles (Round Trip, if applicable)	Mileage @ $0.575 per mile Acc't 60688	Other* Transporta-tion/ Parking/Tolls/etc. Acc't 60688	Lodging* Acc't 60688	Breakfast** Acc't 60452	Lunch** Acc't 60452	Dinner** Acc't 60452	Other Expenses: Phone/ Internet Acc't 60685	Other (Supplies, etc.)* Dollar Amount $	Other (Supplies, etc.)* Indicate coding in this column
11													
12													
13													
14													
15													
16													
17													
18													
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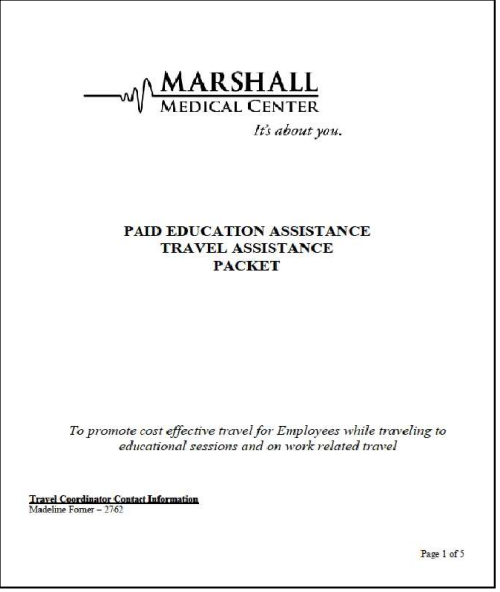
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
	Total - Carry to Main Form												


MARSHALL
MEDICAL CENTER
It's about you.

PAID EDUCATION ASSISTANCE
TRAVEL ASSISTANCE
PACKET

To promote cost effective travel for Employees while traveling to educational sessions and on work related travel

Travel Coordinator Contact Information
Madeline Forner – 2762

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Please refer to MMC's Education Policy for informationa and limits concerning *all* Employee Expense Reimbursement and Travel policies.

Double-click on the icon on the left in order to open the current file, maintained by Myrna Brauch on the W:\ Drive.