College of DuPage

REIMBURSABLE EXPENSE FORM

Full name of event (no initials): Happiness Club Meeting

Location (City/State): Glen Ellyn, IL

Guest name(s)/position(s)(Attach list if necessary): list attendees

IMPORTANT: Attach all receipts. Blue copy of the Pre-Travel Approval Form must be attached if expense is greater than $100.00. ***See INSTRUCTIONS on reverse side.*** Attach additional pages if necessary.

DATE	DESCRIPTION/BUSINESS PURPOSE	AUTOMOBILE (As of Jan. 1, 2004 the rate for use of a personal vehicle is 37.5¢/mile.) DAILY MILEAGE	AUTOMOBILE RATE	AUTOMOBILE AMOUNT	ROOM & TAX (Adjusted to single room rate). Itemize charges by day.	MEALS (include tips) Limit $31/day, unless receipts attached for **all** meals in day. Itemize meals by occurrence. B'FAST	MEALS LUNCH	MEALS DINNER	OTHER EXPENSES (i.e., tolls, phone calls, taxi, limo, registration, approved car rental, airfare, etc.) (Attach receipts ≥ $15.00.) EXPLANATION	OTHER EXPENSES AMOUNT	TOTAL
11/9/04	snacks For meeting		$ .375							27.53	27.53
TOTAL										27.53	27.53

Member or Advisor Name

Name (please print) where mail is received on campus

Department 55#

Social Security Number **Telephone Extension**

of person being reimbursed

Signature Advisor's signature Date

Immediate Supervisor Approval Director's signature Date

Authorized Signator Date

Total Expense Allowed by Department	
Deduct Advance by College	
Amount Due Employee	
Amount Due College	

OTHER COLLEGE PAID EXPENSES NOT CLAIMED FOR REIMBURSEMENT

P.O./REQ. NO.	VENDOR	AMOUNT
		$

TOTAL OTHER EXPENSE $ _____

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSES

AGENCY	ORG/SUB ORG	OBJECT	AMOUNT
2	####	5100	$ 27.53

FOR OFFICE USE ONLY:

Audited By: _____

Audited By: _____

Extensions/Footings Checked: _____

Comments: _____

White Copy / Finance Office; ***Yellow Copy*** / Remittance; ***Blue Copy*** / Supervisor; ***Pink Copy*** / Employee Copy