

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1545599

Vendor Name: Michael F. Dahlinghaus

Invoice Number: 032118

Invoice Date: 03/21/18

PO Number:

Check Number: 0234832

Check Amount: \$ 162.41

Check Date: 04/11/2018

Department ID: 00797

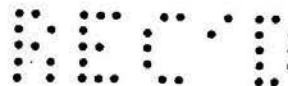
Reviewer Name:

Voucher Number: V0501762

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



REIMBURSABLE EXPENSE FORM

Full name of event (no initials): <u>Michael Dahlinghaus</u> <u>Full Time Faculty</u> Location (City/State): <u>Campos Visit</u> If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.			IMPORTANT: Attach original paid receipts for individual expenses \$15 or greater. The approved Pre-Travel Form is required for any business-related travel; Blue Copy of the Pre-Travel must be attached in those instances. Refer to instructions on reverse side. Attach additional forms if necessary.								
AUTOMOBILE As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.			ROOM & TAX (Adjusted to single room rate). Itemize charges by day.		MEALS/INCIDENTALS For more information on meals and incidental expenses see instructions. Meals/incidentals must be itemized by day.		OTHER EXPENSES: Includes, but are not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/food are not considered "other expense" and are to be itemized under Meals/Incidentals section. Attach original paid receipts for individual expenses totaling \$15.00 or greater.				
DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
			\$.545								
	mileage 1A-IL	149		81.21							81.21
	mileage IL-1A	149		81.21							81.21
<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> AP VERIFIED 03/22/18 - MARIA ZERRUDO </div>											
TOTAL											
<u>Michael Dahlinghaus</u> Name (please print) <u>Behavioral/Social Sciences</u> Department Name <u>1545599</u> Employee Colleague ID Number			<u>[Signature]</u> 3/20/18 Signature Date <u>[Signature]</u> 3/21/18 Budget Officer Approval Date <u>[Signature]</u> 3/21/18 Budget Officer Approval Date			Total Expense Authorized by Department <u>162.41</u> Less Pre-Travel Advance Issued by the College Amount Due Employee <u>162.41</u> Amount Due College (Payment is to accompany expense report; if paying by check, Payee is College of DuPage)					
ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:						
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By: Audited By: Extensions/Footings Checked: Comments:						
01	80	00797	5504001	\$ 162.41							
				\$							
				\$							
				\$							

endorf, IA 52722 to College of DuPage

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