

MCS D Employee Expense Reimbursement Form

Employee Name: _____

Building: _____



Purpose/Reason for reimbursement:

Itemized Expenses

DATE	DESCRIPTION	COST

TOTAL REIMBURSEMENT \$0.00

Note: Mileage reimbursement for personal car = \$0.39/mile (for 2019-20)
Max reimbursement for meals is \$40 per day

Employee Signature Date

Supervisor Approval Signature Date

Don't forget to attach ITEMIZED receipts and to submit a PO to yourself to get reimbursed. You WILL NOT BE reimbursed if it is not an itemized receipt. Thank you!