

EMPLOYEE EXPENSE REPORT

Name _____

ID# - _____

Date- 01/05/24

Mailing Address for the check (All checks will be mailed):

Instructions:

1. (R) indicates itemized receipt required.
2. Attach all required itemized receipts (originals).
3. Meals exceeding \$6 for breakfast, \$8 for lunch, or \$16 for dinner require itemized receipt.

DMACC Phone # _____

Date	Travel From/To or Description (for overnight travel please indicate time left & returned)	Personal Vehicle Mileage		Lodging (R)	MEALS (R) - see above				Misc. Exp (R)		Daily Totals
		Miles	@.67		B	L	D	Total	Amt	Code*	
Totals-(Auto Calc in Excel)											

Accounting Information

INDEX	ACCOUNT	AMOUNT
GRAND TOTAL		

- Account Classifications**
- 6480 -Travel In State
 - 6489 -Staff Development In State
 - 6470 -Travel Out of State
 - 6479 -Staff Development Out of State
 - 6XXX -See college's list of accounts

- * Misc Exp Codes**
- A. Airfare/Rental Car (R)
 - B. Parking (R)
 - C. Registration (R)
 - D. Phone or Fax
 - E. Cab or Shuttle (R)
 - F. Other (R) - _____

(Please specify other expenses)

Employee Signature _____ Date _____

Supervisor or Budget Manager Signature _____ Date _____

Grants' Office Signature _____ Date _____
(required for transactions involving grants)

Business Office Use Only

Business Office Approval _____ Date _____

BANNER INVOICE # - _____