

Reimbursement Report

Banner ID Number					W9 Attached		Date		
Name					_				
Address or									
AddressCampus PO/Dept.			<u> </u>		Street/	Street/City/State/ZIP			
Check if yo	ou are a Conc	ordia employ	/ee						
Was an adv	vance diven?	Ye	e	No	Amount	of Advance:	\$		
				·				_	
Fund (6 digits)	Org (6 digits)	Account (4 digits)	Prog (2 digits)	Activity (3 char.)	Amount		Check Ref	erence	
Date of	Descr	iption	Business Purpose						
Expense	=		(place, list all participants, reason or business purpose of expense, etc.					se, etc.)	Amount
	A4" (0.00	/ // \	0 11	., , ,					
Mileage (\$.33/mile)			Complete mileage log form and attach to this report (personal car use)						
	Requests submitted after MONDAY AT NOON will be included in the following week's check run								
To ensure compliance with IRS regulations, College policy REQUIRES that this form and adequate documentation of business expenses (itemized receipts with date, place, description, participants, and business purpose substantiation, mileage logs or Google Maps, etc.) be submitted to the Business Office within 45 days of the date of the expense. Any requests submitted after 45 days will NOT be eligible for reimbursement. If an advance was given, repayment of any excess funds and this form with expense documentation must be submitted within 30 days of the date of the advance. Expenses and acceptable documentation must be in compliance with Concordia's finance and accounting policies (available at the Business Office website) Allow 5-10 for processing if all documentation included. I hereby certify that the above expenses are valid business expenses incurred in performance of my official duties on behalf of Concordia College and that I am not claiming reimbursement from any other source.									
Signature			Print Name				Date		
Approval by	Dept. Head or A	cademic Affairs	Office*	Print Nam	e		<u></u>	ate	