

MCS D Employee Expense Reimbursement Form

Employee Name: _____

Building: _____



Purpose/Reason for reimbursement:

Itemized Expenses

DATE	DESCRIPTION	COST

TOTAL REIMBURSEMENT

Note: Mileage reimbursement for personal car = \$0.50/mile (for 2024-25)

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!