2017-18 MCCDEC REIMBURSEMENT REQUEST

(Please Print)

# Name:

Committee (or Sub-Committee) Name: MCCDEC

# Date of Activity:

Location of Activity:

## Round Trip Mileage: miles\* @ 53.5¢ per mile =

*\*(If you are not claiming mileage, please write N/A on the mileage line. If you are claiming mileage, a Google Maps report will be used to verify mileage using the address below.)*

 Mileage: $

 Parking: $

 Lodging\*: $

 Meals\*: $ Departure Date & Time

 Return Date & Time

 Other: $ Please explain:

 TOTAL $

Payable to:

 *Please print legibly*

Address:

Telephone: ( )

Signature:

Return to: Lisa Mazure

 Controller

 Lansing Community College

 309 N. Washington, Suite 203

 Lansing, Michigan 48933-1239

 Fax: 517.483-9876 or Email: pratt6@star.lcc.edu

Approved by: Date:

Expense Total:

FOAPAL: org - 42160

\*Lodging and meals are reimbursed if one-way commute to the meeting is over 100 miles.

Meals and other incidentals are reimbursed using LCC’s per diem rate.

Please attach detailed receipts (Credit Card receipts are not sufficient).