

NORTHLAND COMMUNITY & TECHNICAL COLLEGE NON-STATE EMPLOYEE REIMBURSEMENT REPORT

Payee Name _____
 Home Address _____
 Vendor No. _____

DEPARTMENT USE ONLY									
Cost Center No.					Object				

Date	Reason for Reimbursement	Itinerary		Trip Miles	Total Trip and Local MI.	Meals			Lodging	Fare Air, RR, Bus	Other Reimbursable Expenses (Itemize)	Total Daily Expenses
		Time	Location			B	L	D				
		Departure										
		Arrival										
		Departure										
		Arrival										
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		Departure										
		Arrival										
		Departure										
		Arrival										
ALL EXPENSE REPORTS MUST BE SIGNED					Total				Enter Total Mileage Expense			
I declare under the penalties of perjury that this claim is just and correct and that no part of it has been previously reimbursed to me.					Total Trip & Local	Total Mi.	Rate	Subtotal	Total Expenses			

Non-State Employee Signature _____ Date _____ Phone _____

Approved: Based on knowledge of the necessity for travel and other expenses and on the basis of compliance with all provisions of Northland Community & Technical College's Regulations.

Authorized Departmental Signature _____ Date _____ Work Phone _____