

ESSEX COUNTY COLLEGE TRAVEL AND BUSINESS EXPENSE REPORT

Please note: This form **MUST** be submitted **no later than 30 days after** your listed return date. If return date is a non-business day, the next business day counts as your return date. A request for reimbursement submitted after **30 days** may not be honored.

Attach a copy of **ALL** receipts for which you are requesting to this form.

When requesting meal reimbursement, only **ITEMIZED** receipts are accepted.

When requesting mileage reimbursement, include the MapQuest directions showing mileage traveled.

Reimbursements are issued as **NON TAXABLE** additions to your regular biweekly salary the first pay date following the processing of this form.

EMPLOYEE NAME (First, Last): _____ **EMPLOYEE ID:** _____

BUDGET ACCOUNT (SELECT ONE): _____ **ACCOUNT NUMBER:** _____

DATES OF ABSENCE: **FROM:** _____ **TO:** _____

(1) REIMBURSEMENT CATEGORY: MEALS					
DATES	BREAKFAST (\$7)	LUNCH (\$10)	DINNER (\$25)	MISC. (\$3)	TOTAL PER DAY
MEAL TOTAL					

(2) REIMBURSEMENT CATEGORY: TRANSPORTATION					
DATES	TAXI/ SHUTTLE	MILEAGE		TOLLS	TOTAL PER DAY
		NO. OF MILES	MILES (x) \$0.565		
TRANSPORTATION TOTAL					

(3) REIMBURSEMENT CATEGORY: MISCELLANEOUS					
DATES	BAGGAGE	INTERNET	PARKING		TOTAL PER DAY
MISCELLANEOUS TOTAL					

1.EMPLOYEE	SIGNATURE	DATE
2. SUPERVISOR	SIGNATURE	DATE
3.61 8; 9H 61 8; 9H	SIGNATURE	DATE