Please check one

Mail:_____Hold for pickup: _____ Date _____

I'm signed up for e-check deposit** _____

****enroll thru GaelXpress—is additional to enrollment with Payroll**

Saint Mary's College of California

EXPENSE REPORT

Complete section below in its entirety

Name_____ID#_____Dept_____

Address_____City_____State_____Zip Code _____

This report covers expenses for the period of _____

Reimbursement is for:

SUMMARY

TOTAL EXPENSES		
LESS CASH ADVANCED		
LESS FACULTY DEVELOPMENT AWARD		
BALANCE DUE EMPLOYEE	0.00	

IF BALANCE IS DUE SMC AMOUNT ENCLOSED	0.00	

	EXPENSE ACCOUNTS												AMOUNT
10													
10													
10													
10													
10													
10													
10													

PAYEE SIGNATURE _____DATE _____

*APPROVER SIGNATURE_____DATE _____

*PRINTED NAME OF APPROVER _____

*Must be approved by person senior to the payee and on the "Authorized Signature Form" for the Department. Please be sure to print your name for signature verification.

Original receipts required for all expenses.

Rev: 1/17/2019

	SUN	MON	TUE	WED	THUR	FRI	SAT	Weekly Expense Summary	
DATE (Use m/d/yy format)									
FROM									
TO									
FROM									
TO									
DEDUCTION OF NORMAL COMMUTE MILES									
TOTAL MILEAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
@ 0.58 Mile (as of 1/01/19)	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
REGISTRATION FEES									0.00
AIRFARE									0.00
HOTEL/MOTEL									0.00
AUTO RENTAL									0.00
GAS FOR AUTO RENTAL									0.00
PUBLIC TRANSPORT									0.00
PARKING AND/OR TOLLS									0.00
MISC SUPPLIES/OTHER									0.00
PER DIEM RATES BELOW									
BREAKFAST $16									0.00
LUNCH $17									0.00
DINNER $28									0.00
TIPS $5 (E.G. BAGGAGE CLAIM/ HOTEL STAFF)									0.00
ENTERTAINMENT** complete section below									0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

****ITEMIZED ENTERTAINMENT RECORD**

Date	Location	Business Purpose	Names of attendees	Amount