

MACAC Expense Reimbursement

NAME: _____ WORK PHONE: _____

ADDRESS (Where check should be mailed): _____

CITY _____ STATE _____ ZIP _____

COMMITTEE: _____

Please list all expenses and attach/scan receipts!

BUSINESS EXPENSES:

Awards	\$ _____
Catering	\$ _____
Gifts/Prizes	\$ _____
Office/Meeting Supplies	\$ _____
Postage/Shipping	\$ _____
Printing	\$ _____
Telephone	\$ _____
Other: _____	\$ _____

TRAVEL EXPENSES:

Conference Registration Fees	\$ _____
Lodging	\$ _____
Meals	\$ _____
Transportation	
Commercial	\$ _____
Personal Vehicle: _____ @ \$.58 per mile	\$ _____
Other: _____	\$ _____

TOTAL REIMBURSEMENT REQUEST: \$ _____

The above expenses were for the following date(s): _____

The expenses were incurred for: _____

Check should be made out to: _____

Signature of person requesting reimbursement: _____ Date: _____

Signature of Committee Chair: _____ Date: _____

EMAIL (PREFERRED) TO:

JSchmidt@CollegePossible.org

MAIL COMPLETE REPORT TO:

Jeron Schmidt
755 Prior Avenue North, Suite 210
St. Paul, MN 55104

Please note that check reimbursements can take 5-10 business days to arrive.

For Office Use Only: Date: _____ Amount Paid: \$ _____ Check # _____

For Office Use Only: Date: _____ Amount Paid: \$ _____ Check # _____