

Claimant _____ Soc. Sec. No./Staff ID No..¹ _____ Address _____ Dept. _____
(fill in only for mailing)

DATE ² 1	DESCRIPTION ³ (Include destination & purpose)	MILEAGE ⁴		MEALS ⁵			Hotel 8	OTHER EXPENSES ⁶ (RECEIPTS REQUIRED)		TOTAL ⁷
		miles 3	\$.55/m 4	Brkfst 5	Lunch 6	Dinner 7		\$ 9	Explanation 9a	Col. 4-9 10
TOTAL EXPENSES ⁸										

APPROVED BY:

Asst. Dean/Supv. _____
Dean/Director _____
Business Services _____

ACCOUNT CODING

¹⁰ BUDGET CODE ___ - ___ - ___ - ___

Out-of State (64700) \$ _____ In-State (64800) \$ _____

BUDGET CODE ___ - ___ - ___ - ___

Out-of State (64700) \$ _____ In-State (64800) \$ _____

I certify that all information on this report is correct and all expenses claimed are based on actual costs incurred and are consistent with the policies and procedures of Kirkwood Community College. ¹ _____

20-008 Rev. 2/0 Claimant signature _____ Date _____

INSTRUCTIONS

Please sign and date with ball point pen

1. In order to receive payment, you must sign your report and include your social security number or staff ID number on this expense form.
2. Submit all claims for reimbursement within 30 days of completion of trip. (All claims for the current fiscal year must be submitted in time to be paid that fiscal year).
3. Be sure to include destination and purpose of travel.
4. Care and judgment should be used to keep expenses to the lowest reasonable amount.
5. Receipts are necessary for all items claimed in columns eight and nine. Receipts for meals may be required in cases where claim is questioned. Attach the canceled portion of airline tickets to this form.