LINN-BENTON COMMUNITY COLLEGE
Business/Travel Expense Reimbursement

For Reimbursement of Non-Procurement Card Expenses

Print

Check One:

Staff ☐
Student ☐
Other (Explain ☐ _____) Month/Year _____

(check one)

FUND _____ ORG _____ ACCOUNT ☐ Business 33132 PROGRAM _____ ACTIVITY _____ LOCATION _____
☐ Staff Dev 33332

Date	Event Description (Specific Name) Event (Meeting/Conference/Other) & Event Location	Miles	To/From Location	**Mileage $.535 Mi	***Meals Per Diem	*Meals Actual Cost	*Taxi / Bus	*Parking	*Other	Total
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
TOTAL					0.00	0.00	0.00	0.00	0.00	

_____ ID# _____
Claimant Name

_____ Ext. _____
Claimant Address (Required)

_____ _____
Address Line 2 Approver – PRINT NAME

_____ _____
Claimant Signature Approver Signature

Total Due $ 0.00

*Attach receipts

**Drivers must complete a Driver Status Report Form and be preapproved for mileage reimbursements (see page 2).

***Per diem may be reimbursed prior to travel