

Business Office Only

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Date \_\_\_\_\_

AP PG

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Date

## Wartburg College Expense Reimbursement Request - Employee/Student ONLY

**(Detailed Receipts Required)**

Employee/Student Printed Name:

Wartburg ID: \_\_\_\_\_

**Reimbursement to:** ☐ Employee (Paid through Paymerang)

☐ Student - Mailbox # \_\_\_\_\_ or Pick-up or Mail to Address Below

This form is used for reimbursement of travel and other expenses (i.e. supplies, meals, professional dues, etc) personally paid on behalf of the college.

Date(s) of Expense	Business Name on Receipt (A)	Expense Description <small>(Include business purpose, to/from destinations, etc)</small>	Guests Listed on Receipt (B)	Account Number XX-XXX-XXX-XXXX	Amount on Receipt	Mileage			Total
						Miles Driven	Rate (C)	Amount to Reimburse	
			<input type="checkbox"/>				\$0.30		
			<input type="checkbox"/>				\$0.30		
			<input type="checkbox"/>				\$0.30		
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			<input type="checkbox"/>				\$0.30		
			<input type="checkbox"/>				\$0.30		
			<input type="checkbox"/>				\$0.30		
<b>Totals:</b>									

(A) Please enter the business name where the purchase was made, which is on the receipt. Leave field blank if submitting mileage on that line.

(B) If the expense included other guests (employee, student, and others), check this box and write the names of all individuals present on the receipt.

(C) The mileage rate is \$0.30 per mile for individuals without Wartburg provided vehicles.

**NOTE:** By signing this document, I agree the expenses listed above are valid Wartburg College business expenses in accordance with the terms of the [expense policy](#). I understand expenses submitted more than 60 days from date of expense or the trip return date will not be reimbursed. **(Year-end expense reimbursement deadline will be June 15.)**

**Employee/Student Signature:** \_\_\_\_\_

Date:

**Authorized Approver Printed Name:**  

Date:

**Authorized Approver Signature:**

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