

McLaren Print System Order

Order No: 54186  
Order Date: 2020-05-08  
User: Rachel Pogue  
Phone: 810-342-2446

Ship Location: McLaren Flint-Administration - 6 North / Attn: Rachel  
401 S. Ballenger Hwy  
Flint, MI 48532

Forms

Quantity: 100  
Paragon Dept No: 90010  
Dept Name: Administration - McLaren Flint  
Company Number: 60

Order Total Price: 0.00

Item Number: M-150  
Item Description: Request for Expense Reimbursement  
Revision Date: 6/2012  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Misc Info:

REQUEST FOR EXPENSE REIMBURSEMENT MCLAREN HEALTH CARE

PURPOSE (Designate persons attending, name of meeting, location, inclusive dates, etc.)

1. No. 1 expense requires STATE tracking. 2. STATE tracking required, see attached.  
See policy on Expenses Contributed to Federal National Sources for additional information.  
EXPENSES INCURRED (Attach original receipts/coupons)

TRANSPORTATION:

Air fare \_\_\_\_\_ \$ \_\_\_\_\_  
Personal auto \_\_\_\_\_ (Mileage included here) \_\_\_\_\_  
Other (Expans) \_\_\_\_\_ \$ \_\_\_\_\_

LODGING:

Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

MEALS:	DATE	BREAKFAST	LUNCH	DINNER	TOTAL
		\$	\$	\$	\$
					\$

OTHER EXPENSES (include registration fees, tips, cab fares, etc.)

DATE	EXPLANATION	AMOUNT
		\$
		\$

TOTAL EXPENSES \$ \_\_\_\_\_

DEBIT AMOUNTS PAID BY MCLAREN HEALTH CARE:

Transportation \_\_\_\_\_ \$ \_\_\_\_\_  
Lodging \_\_\_\_\_  
Meal advanced for expense \_\_\_\_\_  
Other (Expans) \_\_\_\_\_ \$ \_\_\_\_\_

DIFFERENCE:

Amount for employee \_\_\_\_\_ \$ \_\_\_\_\_  
Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
Amount for McLaren Health Care \_\_\_\_\_ \$ \_\_\_\_\_

Amount

Account No: \_\_\_\_\_  
Account No: \_\_\_\_\_  
Account No: \_\_\_\_\_

Spec Info: