

**REQUEST FOR EXPENSE REIMBURSEMENT**

**McLAREN HEALTH CARE**

<b>PURPOSE</b> (Designate persons attending, name of meeting, location, inclusive dates, etc.)

No Expenses require STARK tracking     STARK tracking required, see attached  
 See policy on Business Courtesies to Potential Referral Sources for additional information.

**EXPENSES INCURRED** (Attach original receipted bills)

**TRANSPORTATION:**

Air fare \_\_\_\_\_ \$ \_\_\_\_\_  
 Personal auto \_\_\_\_\_ miles at \$ \_\_\_\_\_ (Must not exceed air fare) \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**LODGING:**

\_\_\_\_\_ days at \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**MEALS:**

DATE	BREAKFAST	LUNCH	DINNER	TOTAL
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____

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

DATE	EXPLANATION	AMOUNT
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	\$ _____

Submitted by:	
_____	Date _____
Approvals:	
_____	Date _____
Department Director	
_____	Date _____
Vice President	

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

**DEDUCT AMOUNTS PAID BY McLAREN HEALTH CARE:**

Registration fees \$ \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Cash advanced for expenses \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_

**DIFFERENCE:** \$ \_\_\_\_\_  
 Amount due employee \_\_\_\_\_  
 Employee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Amount due McLaren Health Care \$ \_\_\_\_\_

**Amount**

Account No. \_\_\_\_\_  
 Account No. \_\_\_\_\_

**REQUEST FOR MILEAGE EXPENSE REIMBURSEMENT**

**McLAREN HEALTH CARE**

<p><b>PURPOSE</b> (Designate persons attending, name of meeting, location, inclusive dates, etc.)</p>

DATE:	FACILITY OF ORIGIN	DESTINATION	MILEAGE	TIME IN TRANSIT

TOTAL MILEAGE	COST \$ .565 / MILE	TOTAL TRANSIT TIME
---------------	---------------------	--------------------

Submitted by:	
_____	Date _____
Approvals:	
_____	Date _____
Department Director	
_____	Date _____
Vice President	

**Amount due employee**

PLEASE ISSUE CHECK TO:

\_\_\_\_\_

\$ \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_