McLaren Business Products

McLaren Print System Order

Order No: 5974
Order Date: 2014-09-22
User: Denise Turner
Phone: 810 342-1711

Ship Location: Denise Turner
1314 S. Linden Rd., Suite C
Flint, MI 48532
Forms
Quantity: 100
Paragon Dept No: 63550
Dept Name: McLaren-Flint Community Medical Center
Company Number: 810

Order Total Price: 0.00

Form Number: M-150
Form Description: Request for Expense Reimbursement
Revision Date: 6/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:


REQUEST FOR EXPENSE REIMBURSEMENT

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

EXPENSES INCURRED (Attach original receipts/bills)

TRANSPORTATION:

Air fare $

Personal auto _____ miles at $ _____ (Must not exceed cost 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

TOTAL EXPENSES $

DEDUCT AMOUNTS PAID BY MCLAREN HEALTH CARE

DIFFERENCE: $

Submitted by: Date

Approved: Supervisor's Signature Date

Vice President Date

Account No. Amount

Account No.