

McLaren Print System Order

Order No: 8660 Reprint Previous Order No: 7919
 Order Date: 2015-02-03
 User: Becki Beers
 Phone:

Ship Location: Becki Beers
 10090 E. Lippincott Blvd.
 Davison, MI 48423

Forms

Quantity: 100
 Paragon Dept No: 64103
 Dept Name: McLaren-Flint Davison CMC
 Company Number: 810

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. Non-USA expenses require US/ATAF tracking. 2. US/ATAF 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 (Miles at \$ _____) (Mileage allowance rate) _____
 Other (Expenses) _____ \$ _____

LODGING:

Other (Rate at \$ _____) _____ \$ _____
 Other _____ \$ _____

MEALS:

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

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

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

TOTAL EXPENSES \$ _____

Submitted by: _____ Title: _____
 Approved: _____ Title: _____
 Date: _____

DEBIT AMOUNTS PAID BY MCLAREN HEALTH CARE:

Transportation \$ _____
 Lodging \$ _____
 Meals advanced for expense \$ _____
 Other (Expenses) \$ _____

DIFFERENCE:

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

Amount \$ _____

Account No. _____
 Account No. _____
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