McLaren Business Products

**McLaren Print System Order**

**Order No: 7436**
**Order Date: 2014-12-02**
**User: Erica Kamyszek**
**Phone: 9897342171**

**Ship Location:** **Rogers City Medical Group**
**573 N Bradley Hwy**
**Rogers City, MICHIGAN 49779**

**Forms**
**Quantity: 100**
**Paragon Dept No: 77025**
**Dept Name: Rogers City Medical Group**
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: M-150**
**Item 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:**
**Misc Info:**

REQUEST FOR EXPENSE REIMBURSEMENT

PURPOSE

EXPENSES INCURRED

TRANSPORTATION:

Air fare

Personal auto

Other (Explain)

LODGING:

Other

| MEALS: DATE | BREAKFAST | LUNCH | DINNER | TOTAL |
|---|---|---|---|---|

OTHER EXPENSES

| DATE | EXPLANATION | AMOUNT |
|---|---|---|

TOTAL EXPENSES

Submitted by:

Date

Approvals:

Date

Date

DIFFERENCE

Amount

Account No.

Account No.