

McLaren Print System Order

Order No: 47479
 Order Date: 2019-08-05
 User: Charlene Hammond
 Phone: 1Central

Ship Location: McLaren Flint- 1Central Quality Management-ATTN: Charlene Hammond
 401 S. Ballenger Hwy.
 Flint, Michigan, 48532

Forms

Quantity: 100
 Paragon Dept No: 91650
 Dept Name: Quality Management
 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/tolls)

TRANSPORTATION:

Air fare \$ _____
 Personal auto _____ (Mileage at \$ _____) (Mileage at \$ _____)
 Other (Expenses) _____ \$ _____

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 \$ _____
 Cash advanced for expenses \$ _____
 Other (Expenses) \$ _____

DIFFERENCE:

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

Signature

Account No. _____
 Account No. _____
 8/19/19

Spec Info: