McLaren Business Products

McLaren Print System Order

Order No: 5831
Order Date: 2014-09-17
User: Melissa Hayes
Phone: 989-779-5624

Ship Location: Pickard Clinic
4639 E. Pickard St., Suite A
Mt. Pleasant, MI 48858
Forms
Quantity: 100
Paragon Dept No: 81075050566420
Dept Name: Pickard Clinic
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

MCLAREN HEALTH CARE

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

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 (exclude registration fees, tips, cab fares, etc.)

DATE EXPLANATION AMOUNT

$

$

TOTAL EXPENSES $

DEDUCT AMOUNTS PAID BY MCLAREN HEALTH CARE:

Registration fees $

Transportation

Cash advanced for expenses

Other (Explain)

DIFFERENCE: $

Amount due employee

Employee Name

Initials $

Amount due McLaren Health Care

Submitted by:

Date

Approvals:

Supervisor's Signature Date

Vice President Date

Amount

Account No.

Account No.

M-150 6/13