

McLaren Print System Order

Order No: 6696
Order Date: 2014-10-23
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: 81090350566420
Dept Name: Pickard Clinic
Company Number: 810

Order Total Price: 0.00

Item Number: M-150
Item Description: Request for Expense Reimbursement
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
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 _____ (Mileage included fare) _____
Other (Expans) _____ \$ _____

LODGING:

Hotel _____ \$ _____
Other _____ \$ _____

MEALS:	DATE	BREAKFAST	LUNCH	DINNER	TOTAL
		\$	\$	\$	\$
					\$

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

DATE	EXPLANATION	AMOUNT
		\$
		\$

TOTAL EXPENSES \$ _____

Submitted by: _____
Approved: _____
Specialist/Doctor: _____
See Physician: _____

DEBIT AMOUNTS PAID BY MCLAREN HEALTH CARE:

Transportation \$ _____
Lodging \$ _____
Meal allowance for expense \$ _____
Other (Expans) \$ _____

DIFFERENCE:

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

Amount

Account No: _____
Account No: _____
