

Please check one

Mail: ☐ Hold for pickup: ☐

Date \_\_\_\_\_

I'm signed up for e-check deposit\*\* ☐

\*\*enroll thru GaelXpress—is additional to enrollment with Payroll

## Saint Mary's College of California

### EXPENSE REPORT

**Complete section below in its entirety**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Dept \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This report covers expenses for the period of \_\_\_\_\_

Reimbursement is for:

#### SUMMARY

TOTAL EXPENSES	
LESS CASH ADVANCED	
LESS FACULTY DEVELOPMENT AWARD	
BALANCE DUE EMPLOYEE	

IF BALANCE IS DUE SMC AMOUNT ENCLOSED	
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#### GL EXPENSE ACCOUNTS

Please enter entire GL XX-X-XXXX-XXXX-XXX

#### AMOUNT


PAYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*APPROVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*PRINTED NAME OF APPROVER \_\_\_\_\_

\*Must be approved by person senior to the payee and on the "Authorized Signature Form" for the Department. Please be sure to print your name for signature verification. Email from supervisor will be accepted as a form of approval.

	SUN	MON	TUE	WED	THUR	FRI	SAT		
DATE (Use m/d/yy format)								Weekly  Expense  Summary	
FROM									
TO									
FROM									
TO									
DEDUCTION OF NORMAL COMMUTE MILES									
TOTAL MILEAGE									
@ (as of 1/1/23)									
REGISTRATION FEES									
AIRFARE									
HOTEL/MOTEL									
AUTO RENTAL									
GAS FOR AUTO RENTAL									
PUBLIC TRANSPORT									
PARKING AND/OR TOLLS									
MISC SUPPLIES/OTHER									
<b>PER DIEM RATES BELOW</b>									
BREAKFAST \$17									
LUNCH \$18									
DINNER \$34									
TIPS \$5 (E.G. BAGGAGE CLAIM/ HOTEL STAFF)									
ENTERTAINMENT** complete section below									
TOTALS									

**\*\*ITEMIZED ENTERTAINMENT RECORD**

Date	Location	Business Purpose	Names of attendees	Amount