

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 1/1/24)									
REGISTRATION FEES									
AIRFARE									
HOTEL/MOTEL									
AUTO RENTAL									
GAS FOR AUTO RENTAL									
PUBLIC TRANSPORT									
PARKING AND/OR TOLLS									
MISC SUPPLIES/OTHER									
PER DIEM RATES BELOW									
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