

Staff Expense Reimbursement Including Travel

Name:

I would like to receive my payment via epay.

Address:

You will receive an email from bill.com to set this up

Email:

Mileage: IRS rate is \$0.67 per mile as of January 1, 2024

Mileage description must include purpose of trip, both start from and end points, and miles traveled- for amt compute # of miles X .67.

A round trip can be listed as one line item.

Also indicate how mileage was calculated ex. via google map, waze, trip odometer etc.

Per Diem Rates -(reach out to Business office with questions): gsa.gov (click Per Diem at top of page)

FOR EXPENSES- please write what was purchased and for what purpose

Description:

Date	Only use TOP 5 lines of text per box	Amount	Account #	Class #
------	--------------------------------------	--------	-----------	---------

Grant Specific

If using a specific grant the Class number must be 210

Grant Specific

If using a specific grant the Class number must be 210

Grant Specific

If using a specific grant the Class number must be 210

Grant Specific

If using a specific grant the Class number must be 210

Grant Specific

If using a specific grant the Class number must be 210

Sales Tax is NOT reimbursed.

A copy of the FCSN ST-2 is available on Staff Portal and must be presented to vendor prior to purchase

Total

Signature of Requester (QuickSign)

Date:

Page of

Signature of Director (QuickSign)

Date:

When submitting more than 1
req form per reimbursement

Note: Original Receipts must be attached to this PDF (use Combine feature in Nitro)