**Coastline Community College**

**Expense Reimbursement Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | **Employee Name** | | | **Date of Report** | | |
|  | | |  | | |
| **ID** **Number** | | **Department** | **Position** | | |
|  | |  |  | | |
|  | **Attach any supporting receipts.** | | | | | |
| **Expenses** | **Date** | **Purpose and Description** | | | **Code** | **Amount** |
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|  |  | | |  |  |
| **Total** | | | | |  |
| **Choose reimbursement delivery option below:**  Pick up onlyPlease mail to my home address on file | | | | | | |
| **Employee Signature** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | TYPE OF EXPENSES | CODE | | Food | F | | Lodging | L | | Mileage | M | | Registration | R | | Tools | T | | To calculate the amount of your mileage reimbursement, double-click the spreadsheet below. Enter the trip name and number of miles, and then press Enter. |
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