**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 only[ ] Please mail to my home address on file |
| **Employee Signature** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| 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. |
|  |  |