EXPENSE REPORT

Student **ROCKY** MOUNTAIN Faculty/Staff COLLEGE Other VP Signature: Name: Address: Business Office Approval: NOTES: Signature: Original itemized receipts (including food receipts) must be attached. Submit expense report within 10 days of receipt date &/or return of trip CHECKLIST: Mileage for personal vehicles ONLY is paid at a rate of 50¢/mile. Answer questions: who, what, where, when, why Gas is ONLY paid for use of RMC vehicles or approved rental vehicles. List all who attended meals Per Diem rate is \$39/day (overnight stay required). List each receipt as a separate line item & attach original receipts/documents Expenses over 60 days old CANNOT be reimbursed per IRS rules. List correct GL account number Please make & keep a copy for your records. Get approval signature of VP/Division Chair (upper right corner) Purpose (What & Why?) Mileage Meals/Per Diem (# of miles) (Who attended?) Receipt Date Other Expenses (Describe) **TOTALS GL** Account Number Vendor & Location .50 x TOTALS LESS TRAVEL ADVANCE IF APPLICABLE □ CHECK IF GAS CHARGED ON RMC FUEL CARD DUE TO: ☐ Individual ☐ RMC