



MarymountManhattan

Reimbursement of Expenses Form Business Office

Please mark appropriate box for Payee:

Faculty Staff Student Other: _____

**If marked other, please provide email and mailing address for reimbursements.*

Date: _____ MMC ID#: _____
If Applicable

Name: _____ Title: _____

Department: _____ Address: _____

Email: _____

INSTRUCTIONS

1. Please be sure to fill out all highlighted sections of this form.
2. By submitting this form, the submitter is certifying that the expenses listed below were incurred on behalf and exclusively for the benefits and business purpose of Marymount Manhattan College.
3. Please see College's Business Expense Policy for all guidelines related to reimbursements. Please visit mmm.edu for document or click here: [Business Expense Policy](#)
4. Attach receipts for **all** expenditures. Reimbursements will not be processed if proper receipts are not provided.
5. Travel by auto reimbursable at \$0.585 per mile as of **2022** - show points of travel and mileage daily; for food/entertainment expenses, include name(s) of person(s).

| Date of Expense | Business Purpose of Reimbursement | Amount | GL Acct # |
|-----------------|-----------------------------------|--------|-----------|
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Total Amount of Receipts: _____

Payee Signature: _____
Signature & Date

Approval of Department Head: _____
Signature & Date

Business Office Certification: _____
Signature & Date