

## Expense Reimbursement Form for Non-SMCCCD Employees

Use this form to reimburse expenses for individuals who are not SMCCCD employees who participated in SMCCCD related events. Items designated with an ® require RECEIPTS to be submitted with this form.

Recipient Information		
<b>Last Name of Recipient</b>	<b>First Name of Recipient</b>	<b>G# or SSN#</b>
<b>Address</b>	<b>City, State</b>	<b>Zip Code</b>
<b>Activity/Event</b>		<b>Event Date(s)</b>
Accountable Expenses		
<b>Transportation ® (airfare, mileage, other)</b>		
<b>Lodging ® (room charges and taxes only)</b>		
<b>Meals ®</b>		
<b>Miscellaneous (Tolls, Parking) ®</b>		
<b>TOTAL REIMBURSEMENT:</b>		
<b>FOAP:            -            - 5215 -</b>		
<b>Additional notes as needed</b>		<b>Request Date</b>
<b>Employee completing form:</b>		
<b>*Recipient's Signature/Date:</b>		
Approvals		
<b>*Project Director's Signature/Date:</b>		
<b>*Dean's Signature/Date:</b>		
<b>Business Officer's Signature/Date:</b>		

® = Receipt Required

**Note: A W9 is required for reimbursement. Reimbursements must comply with SMCCCD Travel Procedures [Domestic Conference Travel Procedures](#)**

**\*Signature certifies the information is true, correct and related to SMCCCD official business**