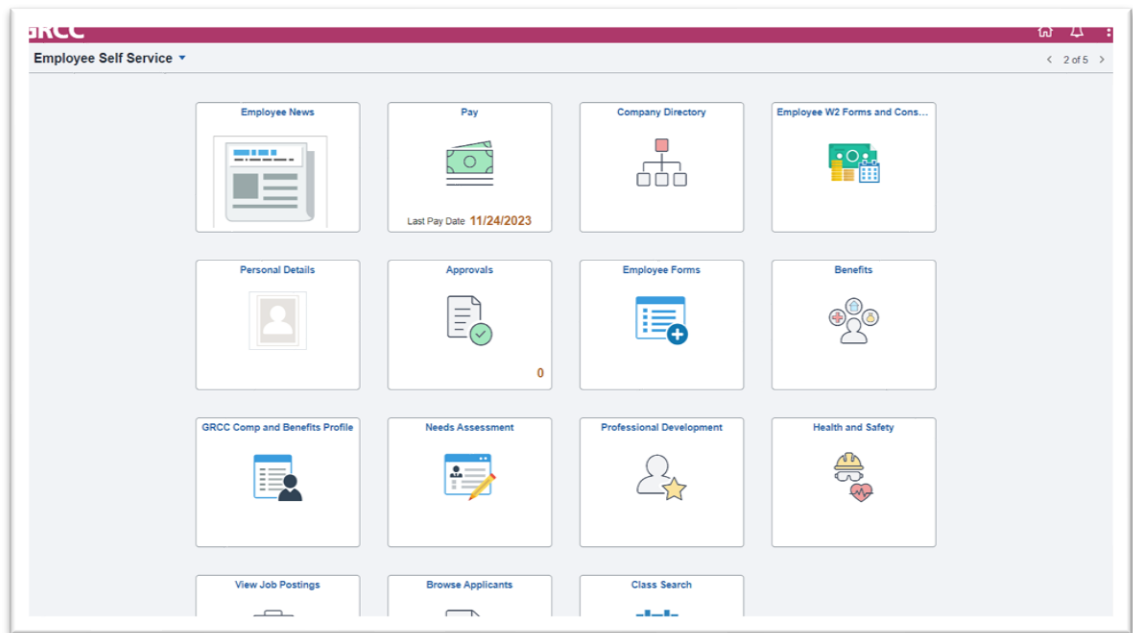


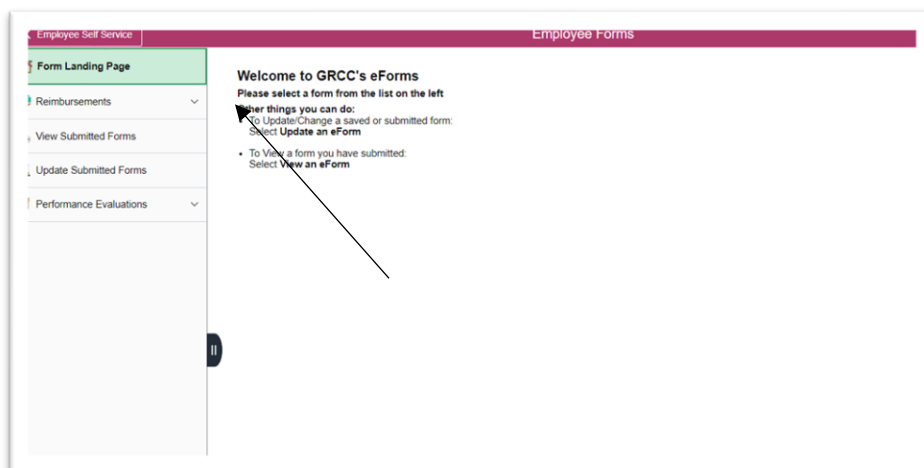
Employee Reimbursement – Instructions

Non-Conference/Training

1. Navigate to MyGRCC and select Online Center.
 - a. Log in using campus login credentials.
2. Navigate to Employee Self Service:



3. Select "Employee Forms"
4. Once in "Employee Forms" select the drop-down arrow next to "Reimbursements"



5. Select "Reimbursement" from the drop-down menu.

6. Reimbursement Introduction:

Form Page

Standard Reimbursement - Request : Reimbursement Introduction

Introduction to GRCC's Online Reimbursement Form

Use this form for out-of-pocket expenses incurred on behalf of the college or while conducting college business.

- **Conference/Training Related Expenses:** Mileage, Per Diem (Meals), Air Transportation & Lodging, Ground Transportation and Other conference costs
- **Non-Conference/Training Related Expenses** - Ground transportation (e.g., taxi and ride-sharing services), uniform costs, meals for two or more employees, grocery store purchases.

Mileage for activities associated with the Other Items in this reimbursement, such as driving to the store to acquire the supplies included in this claim.

Important Information

- **GRCC Reimbursement Policy:**
Employees are required to submit claims for reimbursement within sixty (60) days from the end of the month in which claimed expenses are incurred. Any claim submitted after this point may not be processed.
In the event of extenuating circumstances an exception to the 60 day requirement may be considered. However, reimbursements processed after this time period may be subject to applicable taxes based on IRS guidelines. If you have any questions or need assistance with the reimbursement process, please call 616-234-2177.
- **IIPD/SSPD Grants:**
For SSPD or IIPD reimbursement please visit the Grant Department's [IIPD and SSPD Reimbursement page](#)
- **Mileage Only**
If reporting mileage only - please use the Mileage Reimbursement Form.

Next Save

- a. Read introduction to ensure this is the correct form for your needs.
- b. If so, click "Next."

7. **Employee Information:** Ensure information is correct:

Employee Information

Primary Emplid 9000929

Name Sunny Day

Select Job EE Leave & Complianc ▼

Submitter Name Sunny Day

Employee Status Active

Supervisor Rebecca Bailey

8. **Reimbursement Options:** Review and select the appropriate option from the drop-down menu “Reimbursement Type:”

Reimbursement Options

Conference/Training:

Hotel, Registration, and Airfare will appear automatically. For additional expenses related to your conference or training, such as Meals, Mileage, and other items.

- **Meals:**
Meals during the conference are reimbursed as daily per diem allotments; individual receipts are not required.
- **Other Items:**
Additional conference-related costs (e.g., parking, taxi fares, additional checked bag).
- **Mileage:**
Conference incurred mileage (e.g., travel to/from airport, to/from conference/training).

Non-Conference Reimbursements:

- **Other Items:**
Non-conference items such as Parking, Ride Share/Taxi, Uniform Expense, non-per diem meal Meals for two or more employees, Grocery Store (College Use),
- **Mileage:**
Mileage for activities associated with the Other Items in this reimbursement, such as driving to the store to acquire the supplies included in this claim.

Important Notes:
If you only have mileage to be reimbursed, please use the "Mileage Reimbursement Form" instead.

Reimbursement Type

Conference/Training
Non Conference

Non-Conference Reimbursement: Select Non Conference

1. Toggle “Yes” to the expenses that you are seeking reimbursement for:

Non-Conference Reimbursements:

Non-conference items such as Parking, Ride Share/Taxi, Uniform Expense, non-per diem meal for two or more employees, Grocery Store, and mileage for driving to the store to purchase the supplies.

- **Other Items:**
Non-conference items as described above.
- **Mileage:**
Check this box if you incurred mileage for activities associated with the Other Items in this reimbursement, such as driving to the store to acquire the supplies included in this claim.

Other Items

Mileage

- a. Click “Next”

2. Standard Reimbursement: Enter the required information in the form:

- a. Date: Date the expense was incurred
- b. Long Description: describe the expense that was incurred.
- c. Amount: The amount of the expense
- d. Purpose: Describe the purpose of the purchase
- e. Account Number: Please add the account number.
 - i. A valid account number is required before moving forward in this form. Please contact your department APSS or supervisor if you do not know your account number.

Standard Reimbursement					
Add reimbursement information below. <ul style="list-style-type: none"> Date: Date the expense was incurred Long Description: describe the expense that was incurred. Amount: The amount of the expense Purpose: Describe the purpose of the purchase Account Number: Please add the account number. BCO: Select the appropriate BCO to approve this expense. 					
<small>NOTE: For any expenses greater than \$0.00, an itemized receipt MUST be submitted. You will be given the opportunity to upload receipts at the end of the form.</small>					
If you do not know the account number to be charged, please contact your department APSS or your supervisor					
<small>6 rows</small>					
Date [†]	Description of Expense [†]	Amount [†]	Purpose [†]	Account Nbr [†]	Budget Control Officer (BCO) [†]
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="0.00"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="+"/> <input type="button" value="-"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="0.00"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="+"/> <input type="button" value="-"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="0.00"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="+"/> <input type="button" value="-"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="0.00"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="+"/> <input type="button" value="-"/>

3. **Mileage:** For mileage related to other expenses (such as traveling to a conference, mileage to a store, etc.) please enter the following information:
 - a. Date: Enter the date traveled.
 - b. From/To:
 - i. When entering Addresses, put a comma between EACH element of the address.
Example: Address, City, State, Zip.
 - ii. Use HOME if traveling to or from your home.
 - iii. Select "Look Up" and a page will open MapQuest to get the mileage from the two end-points.
 - c. Miles: Manually enter the mileage generated in Map Quest.
 - d. Round Trip: Select if this was a round trip. Alternatively, you could insert a 2nd row for the trip back.
 - e. Purpose: A purpose must be entered for each row.

Mileage

- **Date:** Enter the date traveled.
- **From/To:**
 - When entering Addresses, put a comma between EACH element of the address.
Example: Address, City, State, Zip.
 - Use HOME if traveling to or from your home.
 - Select "Look Up" and a page will open MapQuest to get the mileage from the two end-points.
- **Miles:** Manually enter the mileage generated in Map Quest.
- **Round Trip:** Select if this was a round trip. Alternatively, you could insert a 2nd row for the trip back.
- **Purpose:** A purpose must be entered for each row.
- **Insert/Delete:** Users can add rows or delete existing ones.

*DATE	From Address	To Address	Lookup	Miles	Round Trip	Purpose	Total Miles	Mileage Rate	Reimbursement	Est
05/13/2024	HOME	5500 44th ST SE, Grand Rapids, MI, 49503	Lookup	10.00	<input checked="" type="checkbox"/>	Drive to airport	20.00	0.67	\$13.40	<input type="button" value="+"/> <input type="button" value="-"/>

Mileage Total

Total Mileage \$13.40

4. **File Attachments:** Please attached itemized receipts for **EACH** expense requested **EXCEPT** for mileage.

NOTE: If receipts are missing, your request will be returned to you.

Please attached itemized receipts for each expense requested **EXCEPT** for mileage and per diem expenses.

NOTE: If receipts are missing, your request will be returned to you.

Status	Upload	Description	File Name	Delete
1	<input type="button" value="Upload"/>	<input type="text"/>		<input type="button" value="Delete"/>

- i. Click "Upload" to select a file from your device.
 1. Click "My Device"
 2. Select the file.
 3. Click "Open."
 4. Click "Upload."
 5. Click "Done."
- ii. Click "Add" to add in additional lines for more receipts as necessary.
- b. Once all required receipts have been uploaded, click "Next."
 - i. Click "Ok."

5. **Summary:**

- a. For Non-Conference Reimbursements where mileage is also requested:
 - i. Select the funding for your mileage (funding for your other reimbursement requests was already indicated for each item on the previous page):

Department / 7V / Other Funding							
Please select the funding type (Department, 7V, Other, Perkins) and the amount to allocate to that fund. Please select the appropriate Budget Control Officer (BCO) in charge of that fund and enter the account number.							
If you do not know the account number to be charged, please contact your department APSS, your supervisor or Grant Manager.							
Funding type ¹	Fund Type Descr ¹	Earn Code ¹	Amount ¹	BCO ¹	Account Number ¹	Valid Account Nbr ¹	Description ¹
1	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- ii. Funding Type: Select Department, 7V, Perkins, or Other
- iii. Amount: Enter the amount to be reimbursed for the **MILEAGE ONLY.**
- iv. BCO: Select the Budget Control Officer.
- v. Account Number: Please add the account number.
 - 1. A valid account number is required before moving forward in this form. Please contact your department APSS or supervisor if you do not know your account number.

- b. Reimbursement Summary: Review summary for accuracy.

Reimbursement Summary	
Mileage	\$13.40
Other Items	\$78.00
Sub Total	\$91.40
GRCC Advance	<input type="text" value="0.00"/>
Total Reimbursement	\$91.40

- c. Affirmation: This is considered your “electronic signature” and verifies that the information you have provided is correct to the best of your knowledge.

Affirmation
By submitting this form you affirm that you: <ul style="list-style-type: none"> • understand that errors or inaccurate data may result in a delay of your reimbursement and/or in the case of overpayment, you will be required to reimburse GRCC for the amount over paid. • certify that I have liability and property insurance on this vehicle in accordance with current Michigan statutes (if requesting mileage reimbursement) • certify that the information reported in this reimbursement is a true report of my expenses that were incurred in the performance of my duties as an employee of Grand Rapids Community College.

- d. Search Phrase/Nickname: Creating a unique nickname for your reimbursement request will assist you in reviewing it in the future:

Search Phrase/Nickname

Search Phrase

Comment

6. Submit Reimbursement Request: Click Submit