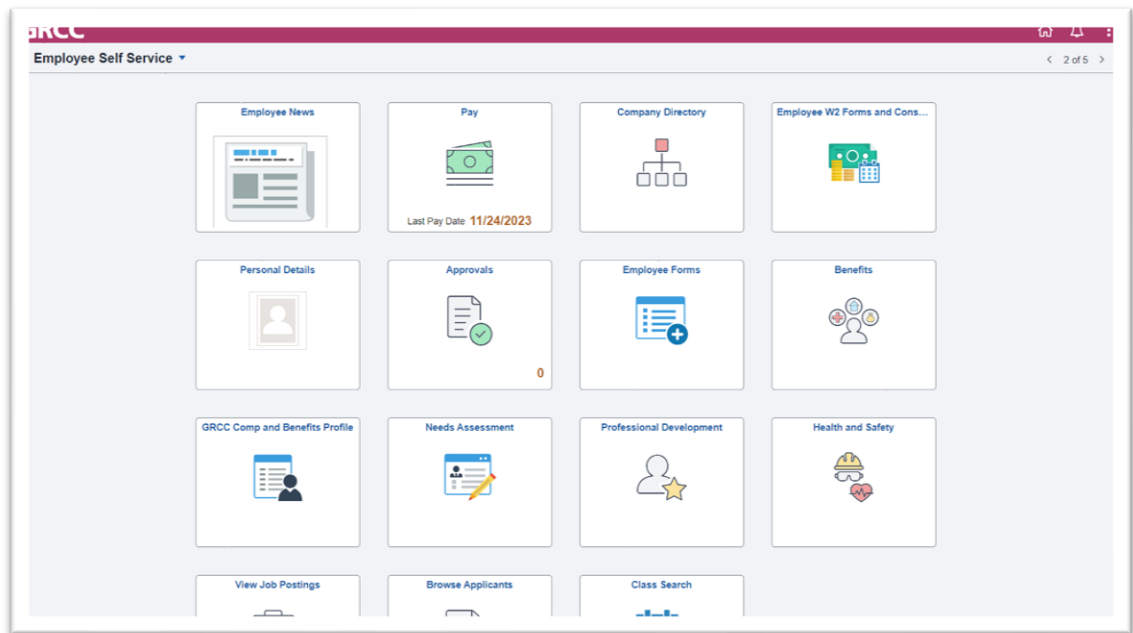


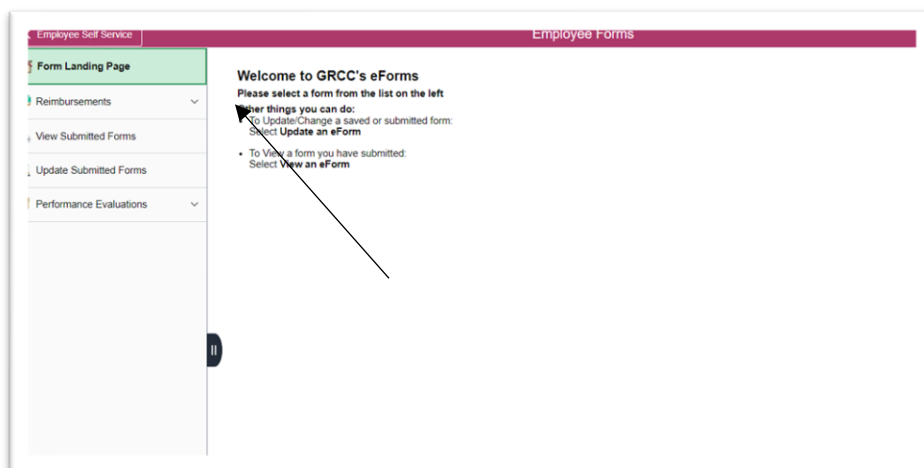
Employee Reimbursement – Instructions

Conference/Training Reimbursement Requests

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:

 Standard Reimbursement - Request : Reimbursement Introduction Fo

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.

- 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

Name Sunny Day

Select Job

Submitter Name Sunny Day

Employee Status Active

Supervisor Rebecca Bailey

8. Conference/Training Reimbursement Options: Select Conference/Training

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

9. Toggle "Yes" to the expenses that you are seeking reimbursement for:

Reimbursement Type

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, select from the options below.

- **Meals:**
Meals during the conference are reimbursed as daily per diem allotments; individual receipts are not required. Mark this checkbox if you incurred meal expenses while attending the conference.
- **Other Items:**
Additional conference-related costs (e.g., parking, taxi fares, additional checked bag).
- **Mileage:**
Check this box if you have incurred mileage (e.g., travel to/from airport, to/from conference/training).

Meals

Other Items

Mileage

a. Click "Next"

10. **Conference Setup:** Toggle “Yes” to confirm that a Leave of Absence (LOA) is on file:

Employee Information

Employee ID [REDACTED]

Job Adm Asst for VP of Fin & Admin

Name Grace Blanchard

Leave of Absence

Do you have an approved Leave of Absence (LOA) on file?

Previous Next Save

11. **Submitted LOA List:**

a. Select the appropriate Leave of Absence for this Reimbursement Request and the LOA information will auto populate.

i. **NOTE:**

1. As of 11/25/25, the Peoplesoft Reimbursement form is NOT synced to the LOA system. You will need to manually enter your LOA Information here:

Conference Details

Please enter the conference/training details. If information was already populated, please confirm that the conference/training details are correct.

Start Date

End Date

Event Name

Location

Zip Code

ii. After entering the information request TAB out of the Zip Code field.

b. Click “Next.”

12. **Conference Expenses:** Please enter conference/training expenses as they apply to your request:
- 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 page.

Conference Expenses

Please enter conference/training expenses:

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.

- Mileage:** Scroll down to bottom of page
- Meals/ Per Diem:** Will be calculated on the next page

Airfare

Registration

Hotel

13. **Other Items:** Utilize these columns for miscellaneous expenses such as parking fees, checked luggage, taxi or ride sharing costs, etc.

Other Items

Please enter any additional expenses not listed above.

- Date: Date that expense was incurred.
- Long Description: Describe the expense that was incurred.
- Amount: The amount of the expense.

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.

	*Date	*Description of Expense	Amount		
1	<input type="text" value="01/02/2024"/>	<input type="text" value="One checked bag - departing flight"/>	<input type="text" value="30.00"/>	+	-
2	<input type="text" value="01/04/2024"/>	<input type="text" value="One checked bag - returning flight"/>	<input type="text" value="30.00"/>	+	-
3	<input type="text" value="01/04/2024"/>	<input type="text" value="Airport parking, three days"/>	<input type="text" value="90.00"/>	+	-
4	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	+	-
5	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	+	-
6	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	+	-

Other Items Total

Total \$150.00

14. **Mileage:** Mileage related to other expenses (such as traveling to a conference, mileage to the airport, etc.) please enter the following information:
- 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.

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	+ -

Mileage Total

Total Mileage \$13.40

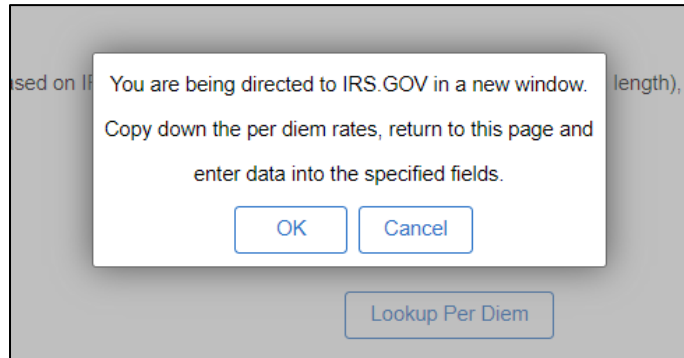
- File Attachments:** Please attached itemized receipts for **EACH** expense requested **EXCEPT** for per diem and mileage expenses.
NOTE: If receipts are missing, your request will be returned to you.

Attachment Uploaded	View	Description	Description	File Name	Replace
1	View	Airfare Itemized Paid Receipt		11-1_Employee_Reimbursement_2023-11_ada.pdf	Replace
2	Upload	Conference Registration Paid Receipt			Delete
3	Upload	Hotel Itemized Paid Receipt			Delete
4	Upload	Other Itemized Paid Receipt	Other Itemized Paid Receipt		Delete
5	Upload	IIPD/SSPD Report			Delete

[Add](#)

- Click "Upload" to select a file from your device.
 - Click "My Device"
 - Select the file.
 - Click "Open."
 - Click "Upload."
 - Click "Done."

- ii. Click “Add” to add in additional lines for more receipts as necessary.
 - g. Once all required receipts have been uploaded, click “Next.”
15. **Meals Per Diem:** In lieu of reimbursement for actual meal expenses incurred during overnight travel (or based on IRS Guidelines, any travel longer than twelve [12] hours in length), the College will reimburse employees based on the current annual GSA Meal and Incidental Expenses (M&IE) rates.
- a. Utilizing the zip code and dates of travel from the LOA we are able to find the Per Diem Rates for the location.
 - b. Click “Lookup Per Diem” A pop-up window will appear:



- i. Click “Ok.”
- c. The U.S. General Services Administration webpage will open. Ensure you are on the correct fiscal year based on dates of travel. Scroll down to Meals & Incidentals (M&IE) rates and breakdowns.
 - i. Utilizing the information below to fill in the corresponding sections in the reimbursement form:

Meals & Incidentals (M&IE) rates and breakdown

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. [See More Information](#)

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel
Chicago	Cook / Lake	\$79	\$18	\$20	\$36	\$5	\$59.25

Per Diem Rates

Enter the Per Diem Rates from the GSA Website based on the location traveled.

NOTE: If the location entered is not specifically identified by the GSA, utilize the Standard Rate.
You must **Tab Out** of each field for amounts to generate the meal grid.

	M&IE Total	Breakfast	Lunch	Dinner	Incidentals
1	0.00	0.00	0.00	0.00	0.00

- d. After entering the Per Diem amounts in each blank, TAB out of the last blank.
- e. a “Meal/Food Reimbursement” Table will populate. Utilize this table to indicate which meal were provided by the conference/training.
 - i. Tab “Yes” to indicate that the meal was provided and should NOT be reimbursed.

Meal/Food Reimbursement

Please select “YES” for the meals that were provided by the conference. By selecting “YES” you indicate that the conference/event/training provided the meal and is therefore NOT reimbursable.

NOTE: When submitting for a reimbursement of per diem allowances, **do not submit receipts** for any meals or incidental expenses covered by the per diem allowance.

	Date	Day	Breakfast	Lunch	Dinner	Percentage	Daily Per Diem	Pro-rated Amount
1	05/12/2024	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75%	\$64.00	\$48.00
2	05/13/2024	Monday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$5.00	\$5.00
3	05/14/2024	Tuesday	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$48.00	\$48.00
4	05/15/2024	Wednesday	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$48.00	\$48.00
5	05/16/2024	Thursday	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$19.00	\$19.00
6	05/17/2024	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75%	\$64.00	\$48.00

- f. Click “Next.”

16. Summary:

- a. Department/7V/Other Funding:
 - i. Funding Type: Select either 7V, Department, Perkins, or Other.
 - ii. Amount: Enter the total amount to be reimbursed.
 - iii. BCO Select the departmental Budget Control Officer (BCO).
 - iv. Account Number: Enter the account number to be charged. If you do not know the account number to be charged, please contact your department APSS, your supervisor or Grant Manager.

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	Fund Type Descr	Earn Code	Amount	BCO	Account Number	Valid Account Nbr	Description
1				0.00				
2				0.00				
3				0.00				

b. Reimbursement Summary: Review summary for accuracy.

Registration	\$250.00
Air Fare	\$900.00
Hotel	\$960.00
Meals / Food	215.00
Mileage	\$13.40
Other Items	\$70.00
Sub Total	\$2,408.40
GRCC Advance	<input type="text" value="0.00"/>
Total Reimbursement	\$2,408.40

c. 7V/Adjunct Professional Development Funding: If using 7V or Adjunct Professional Development funds for your request, you will be asked to select the appropriate Dean for your school:

Your reimbursement requires Dean approval.

***Select Dean**

Affirmation

By submitting this form you affirm that you

- understand that errors or inaccuracies in your reimbursement report will be your responsibility
- certify that I have liability and proper documentation for all expenses reported in accordance with the policy
- certify that the information reported is true and accurate to the best of my knowledge

of your reimburse
in accordance w
ue report of my e

David Selmon

- d. 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:

- 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.

- e. 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

17. Submit Reimbursement Request: Click Submit