Standard Reimbursement - Instructions

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

Employee Self Service	,				€01 44 : < 2α15 >
	Employee News	Pay	Company Directory	Employee W2 Forms and Cons	
	Personal Details	Approvals	Employee Forms	Benefits () () () () () () () () () ()	
	GRCC Comp and Benefits Profile	Needs Assessment	Professional Development	Health and Safety	
	View Job Postings	Browse Applicants	Class Search		

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

Employee Self Service	Employee Forms
Form Landing Page	Welcome to GRCC's eForms
Reimbursements ~	Please select a form from the list on the left other things you can do:
View Submitted Forms	No Update/Change a saved or submitted form: Svect Update an eForm
Update Submitted Forms	 To view a form you have submitted. Select View an eForm
Performance Evaluations \sim	

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

6. Reimbursement Introduction:

imployee Self Service	Employee Forms
+ Reimbursements : Re	mbursement Introduction
troduction to GRCC's Online Re	mbursement Form
se this form for out-of-pocket expe	ises incurred on behalf of the college or while conducting college business.
Conference/Training Related Non-Conference/Training Related	Expenses: Mileage, Per Diem (Meals), Air Transportation & Lodging, Ground Transportation and Other conference costs Iated 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.
portant Information	
GRCC Reimbursement Police	y:
Employees are required to sul	mit 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 circles of you have any questions or n	umstances 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 g eed assistance with the reimbursement process, please call 616-234-2177.
IIPD/SSPD Grants:	
IIPD/SSPD Grants require the	report to be attached when submitting for reimbursement.
Mileage Only	
If reporting mileage only - plea	se 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	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 Previous Next Save Conference/Training Non Conference

<u>Conference Training Reimbursement Instructions:</u> (For Non-Conference/Training Reimbursement instructions go to page 5, 5. Other Items)

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

Reimbursement Type Conference/Training •
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
Previous Next Save

a. Click "Next"

2. Conference Setup: Toggle "Yes" to confirm that a Leave of Absence (LOA) is on file:

Employee Information		
Employee ID		
Job	Adm Asst for VP of Fin & Admin	
Name	Grace Blanchard	
Leave of Absence		
Do you have an approved Leave of Abse	nce (LOA) on file?	
Previous Next Save		

3. Submitted LOA List:

- a. Select the appropriate Leave of Absence for this Reimbursement Request and the LOA information will auto populate.
 - i. <u>NOTE:</u>
 - 1. If your LOA was submitted before the new LOA form went online, then fill out the remaining fields and continue.
 - 2. A reimbursement can only be submitted for an LOA with a status of 'Approved.' If the LOA status is 'Pending,' please wait until it has been approved before initiating a reimbursement request.

Sub	Submitted LOA List								
Belo	Below is a list of LOAs submitted via a New GT LOA form.								
Sele	t the appropriate Leave o	of Absence for this Reimbu	rsement Request.						
NOT	is:								
	If your LOA was submitte A reimbursement can	ed before the new LOA for only be submitted for ar	m went online, then fill out the remaining fields and continue. I LOA with a status of 'Approved.' If the LOA status is 'Pending	g,' please wait until it has	been approved before initiating	a reimbursement request.			
	Туре 🗘	Start Date 🛇	Event Name 🗘	Leave ID 🛇	Leave Status ♦	Reimbursement Status \diamond	4 rows Select		
1	Conference	01/01/2024	The Heug	118647	Approved		Select		
2	Conference	01/01/2024	The Heug - Financials Edition	118640	Approved		Select		
3	Conference	01/01/2024	The Heug - Financials Edition	118636	Withdrawn		Select		
4	Conference	12/10/2023	Admin Professionals Conference	118645	Pending Approval		Select		
Cor	ference Details								
Plas	se enter the conference	altraining details. If inform	nation was already nonulated inlease confirm that the confere	ance/training details are o	orrect				
1100	se enter the conterence	and an ing details. In more	nation was already populated, please communiative contere	sites training details are e	oneer.				
	LO	A Selected 118647							
		Start Date 01/01/202	4 🗰						
		End Date 01/03/202	4						
	E	vent Name The Heug							
		Location Chicago, I							
		Zip Code 60616							

b. Click "Next."

- 4. **Conference Expenses:** Please enter conference/training expenses as they apply to your request:
 - a. <u>NOTE:</u> 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 expense	≥S:	
NOTE: For any expenses greater than \$0.00, a	an itemized receipt MUST be su	omitted. You will be given the opportunity to upload receipts at the end of the form.
 Mileage: Scroll down to bottom Meals/ Per Diem: Will be calcula 	of page ted on the next page	
Airfare	0.00	
Registration	0.00	
Hotel	0.00	

5. **Other Items:** Utilize these columns for miscellaneous expenses such as parking fees, uniform costs, checked luggage, grocery store expenses, etc.

Other	Other Items									
Please	Please enter any additional expenses not listed above.									
NOTE: receipt	Date: Date that expense was incurred. Long Description: Describe the expense that was incurred. Amount: The award of the expense. For any expenses greater than \$0.00, an Itemized receipt MUST be submitt s at the end of the form.	ted. You will be given the opportunity to upload								
					6 rows					
	*Date 🗘	*Description of Expense 🛇	Amount	•						
1	01/02/2024	One checked bag - departing flight		• 00	-					
2	01/04/2024	One checked bag - returning flight	30.	• 00	-					
3	01/04/2024	Airport parking, three days	90/	• 00	-					
4			0.	• 00	-					
5				• 00	-					
6				• 00	-					
Other	Items Total									
	Total \$150.00									

- 6. **Mileage:** 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 travel	ed.							
 From/To: 								
 When entering Address Example: Address 	esses, put a comma betwe City, State, Zip.	en EACH element of the a	ddress.					
 Use HOME if travelir 	ng to or from your home.							
 Select "Look Up" and 	d a page will open MapQue	est to get the mileage from	the two end-points.					
 Miles: Manually enter the 	e mileage generated in Mag	Quest.						
 Round Trip: Select if this v 	was a round trip. Alternative	ely, 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.						
								1 rov
*DATE ↑↓	From Address ↑↓	To Address ↑↓	Lookup	Miles ↑↓	Round ↑↓ Purpose ↑↓ Trip	Total _{↑↓} Mileage ↑↓ Miles Rate	Est _{î↓} Reimbursement	
1 05/13/2024	HOME	5500 44th ST SE, Grand Rapids, MI,	Lookup	10.00	Drive to airport	20.00 0.67	\$13.40	+ -
Mileage Total								
Total N	fileage \$13.40							
	-							

f. <u>File Attachments</u>: Please attached itemized receipts for <u>EACH</u> expense requested **EXCEPT** for per diem expenses.

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

	Attack and the lands of		Beendarden A	Description A	Pla Name A	5 rows
	Attachment Uploaded	view	Description O	Description V	File Name V	Replace
	1 📀	View	Airfare Itemized Paid Receipt		11-1_Employee_Reimbursement_2023-11_ada.pdf	Replace
ľ	2	Upload	Conference Registration Paid Receipt			Delete
	3	Upload	Hotel Itemized Paid Receipt			Delete
	4	Upload	Other Itemized Paid Receipt	Other Itemized Paid Receip		Delete
	5	Upload	IIPD/SSPD Report			Delete
	Add					

- 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.
- g. Once all required receipts have been uploaded, click "Next."
- 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:

ised on If	You are being directed to IRS.GOV in a new window.	length), t
	Copy down the per diem rates, return to this page and	
	enter data into the specified fields.	
	OK Cancel	
	Lookup Per Diem	

- 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 & Incide	entals (M&IE) ra	tes and break	down				(J
Use this table to find the following information for federal employee travel:							
M&IE Total - the full daily	y amount received for a sing	le calendar day of travel	when that day is neither the first nor last	day of travel.			
Breakfast, lunch, dinne amounts must be deduct First & last day of trave	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.						
							Filter Results
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 I	Rates				
Enter the Pe	er Diem Rates from the GSA Website based on the lo	cation traveled.			
NOTE: If the	e location entered is not specifically identified by the C	3SA, utilize the Standard Rate.			
You must Ta	b Out of each field for amounts to generate the meal	l grid			
					1 row
	M&IE Total 🛇	Breakfast 🛇	Lunch 🗘	Dinner 🗘	Incidentals 🗘

- d. After entering the Per Diem amounts in each blank, 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.

Me	eal/Food Reimbursem	ient							
Ple NC	ease select "YES" for the DTE: When submitting for	meals that wer a reimbursem	re provided by the conference. By ent of per diem allowances, do no	v selecting "YES" you in ot submit receipts for a	ndicate that the confi any meals or incider	erence/event/trair ntal expenses cov	ning provided the meal and i ered by the per diem allowa	is therefore NOT reimbursable.	
	Date ↑↓		Day î↓	Breakfast ↑↓	Lunch 1↓	Dinner ↑↓	Percentage ↑↓	Daily Per Diem ↑↓	6 rows Pro-rated Amount ↑↓
1	05/12/2024	±	Sunday				75%	\$64.00	\$48.00 + -
2	05/13/2024		Monday	~	~	 Image: A start of the start of	100%	\$5.00	\$5.00 + -
3	05/14/2024	İ	Tuesday		~		100%	\$48.00	\$48.00 + -
4	05/15/2024	Ħ	Wednesday		 Image: A start of the start of		100%	\$48.00	\$48.00 + -
5	05/16/2024	Ħ	Thursday		~	 Image: A start of the start of	100%	\$19.00	\$19.00 + -
6	05/17/2024	İ	Friday				75%	\$64.00	\$48.00 + -

- e. Click "Next."
- 8. Summary:
 - a. <u>IIPD/SSPD:</u> If you received IIPD/SSPD Funding for any of the expenses listed, toggle "Yes" to the appropriate response.
 - i. Enter the grant amount in the "Funded Amount" section.

IIPD/SSPD	
Did you receive IIPD/SSPD Funding for this expense?	
IIPD Grant Funding	*Funded Amount \$500.00
SSPD Grant Funding	Account Number 2359-15-0329-620-00
IIPD/SSPD Grant Manager Lisa Dopke	
Do you have additional Grants to support your travel?	

- b. <u>Department/7V Funding:</u> If funding for any of the expenses listed comes from departmental budgets or 7V Faculty funds, make sure the toggle says "Yes."
 - i. Select the departmental Budget Control Officer (BCO).
 - ii. Department Amount: This amount is autogenerated based on the expenses entered. If a grant is contributing the reimbursement, the amount from the grant will automatically be deducted from this total.

Department/7V Funding		
Department Expense	Department Am	ount \$1,403.40
*BCO Emplid	Lisa Freiburger 🗸	

c. <u>Department Account Number</u>: Enter the account number for the department funding the reimbursement:

Department Account Numb	ber				
Enter the department Account N	lumber				
If you don't have this number, cl	heck with your supervisor or BCO.				
					1 row
*Account ◇	*Fund Code 🛇	*FS Department ID \diamond	*Program Code 🛇	*Class Field ◇	Project/Grant 🗇
1					

d. <u>Reimbursement Summary:</u> Review summary for accuracy.

Reimbursement Summary					
Registration	\$350.00				
Air Fare	\$500.00				
Hotel	\$740.00				
Meals / Food	83.00				
Mileage	\$15.72				
Other Items	\$150.00				
Sub Total	\$1,838.72				
GRCC Advance	0.00				
Total Reimbursement	\$1,838.72				
*BCO Emplid	Lisa Freiburger 🗸				

e. <u>Affirmation</u>: 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 • 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 Granc	the amount over paid. Rapids Community College.

f. <u>Search Phrase/Nickname:</u> Creating a unique nickname for your reimbursement request will assist you in reviewing it in the future:

Search Phrase/Nickname	
Search Phrase	Conf Reimb: 2024-01-01
Comment	

9. Submit Reimbursement Request.