GRAND RAPIDS COMMUNITY COLLEG

## **GRCC** Employee Reimbursement Form

Support Staff Professional Development (SSPD)

## **Grants Department**

Name/Employee ID:	ID# W				
Address, City, State, Zip:					
SSPD Grant Award:	September	(year)	January	(year)	May (year)
Amount of Grant Award:					
Purpose of Grant:					
Conference Location/Date:					

SSPD Report attached (NOTE: Reimbursement requests cannot be processed without a completed SSPD Report form).

## **STEP 1:** List all grant expenses.

Date	Description of Grant Expense	Amount	Paid by:	Account Number	JV Date (Internal Use Only)
5/29/2011	Example: Airline Tickets	\$250.00	Pre-paid	Processed by Financial Services (5/15/11)	
6/10/2011	Example: Hotel	\$300.00	Department	Dept. account to be reimbursed: 01-2005-06-230-00	
6/10/2011	Example: Dinner at hotel	\$25.00	Self	n/a	

## For Per Diem Meal and Incidental (M&IE) Rates Within the US: FOLLOW THESE STEPS AND COMPLETE THE TABLE BELOW Click here: http://www.gsa.gov/portal/content/104877. Enter the state and city of the conference. Locate the M&IE in the last column in the light blue bar, go to #5 under footnotes and click on the Breakdown of M&IE Expenses for breakfast, lunch, dinner and incidentals. Use this chart to enter the daily per diem rate listed above. DO NOT include meals provided by the conference or a third party in the M & IE row of the chart below. First & last day of travel are calculated at 75% of the total (see chart). Sunday Monday Tuesday Wednesday Thursday Friday Saturday \*Account Number/or Faculty Prof. Total Date ☐ Breakfast Meals paid Lunch ☐ Lunch Lunch ☐ Lunch ☐ Lunch Lunch ☐ Lunch by employee ☐ Dinner Dinner ☐ Dinner ☐ Dinner ☐ Dinner ☐ Dinner ☐ Dinner \$ \$ \$ \$ \$ \$ M & IE Only \$ Do Not Attach Meal Receipts Grand Total for M & IE Only: **STEP 2:** Complete *Reimbursement Summary* section below. **Reimbursement Summary** To be completed by the Grants Department: Total Grant Amount **Grant Amount** Reimbursement Amt. **Date Account Number** Less Pre-Paid Expenses Subtotal Less Amount Owed to You Balance of Grant STEP 3: Print and sign this form. I certify that this is a true report of my expenses. **Employee Signature**: Date: STEP 4: Organize all of your receipts and make sure they match up with the SSPD Reimbursement Form. STEP 5: Submit your reimbursement request, receipts and SSPD Report to Lisa Dopke via email at ldopke@grcc.edu. Date: **Grants Department Approval:** approves payment of \$ from Account # Date: **Financial Services Approval:**

Revised: 08/2019