CONCORDIA COLLEGE

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Academic Affairs Reimbursement Report

Banner ID Number _____ Date _____

Name _____

AP Use Only

Address _____ **or** _____
Campus PO/Dept. Street/City/State/ZIP

Check if an *Accounts Payable* Direct Payment Authorization is on file ☐ **(*not* the same as *Payroll* Direct Deposit)**

Was an advance given? ☐ Yes ☐ No Amount of Advance: $_____

Fund *(6 digits)*	**Org** *(6 digits)*	**Account** *(4 digits)*	**Prog** *(2 digits)*	**Activity** *(3 char.)*	**Amount**	**Check Reference**

***All requests funded by Academic Affairs *must* be routed to Academic Affairs for approval. Conference Travel and Institutional Representation expenses are to be approved by the dean *before* expenses are incurred.**

☐ Faculty Development Account ☐ Conference Travel Fund ☐ Institutional Representation

☐ Centennial or Summer Study ☐ Other funds (please specify):

Date of Expense	**Description (lodging, meals, other)**	**Business Purpose (place, participants, reason or business purpose of expense, etc.)**	**Amount**
	Mileage ($.33/mile)	*Complete mileage log form and attach to this report (personal car use)*	
		TOTAL	

Attach original itemized receipts and allow 5-10 business days for processing

To ensure compliance with IRS regulations, College policy REQUIRES that this form and adequate documentation of business expenses (original itemized receipts with date, place, description, participants, and business purpose substantiation, mileage logs, etc.) **be submitted to the Business Office within 30 days of the date of the expense. Any requests submitted after 30 days will NOT be eligible for reimbursement. *If an advance was given, repayment of any excess funds and this form with expense documentation must be submitted within 30 days of the date of the advance.***

Expenses and acceptable documentation must be in compliance with Concordia's finance and accounting policies (available at the Business Office website: http://www.cord.edu/Offices/Finance/business1.php).

I hereby certify that the above expenses are valid business expenses incurred in performance of my official duties on behalf of Concordia College and that I am not claiming reimbursement from any other source.

_____ _____ _____ _____
Signature Date Approval by Dept. Head or Academic Affairs Office* Date