

Student Expense Report

Email completed form with required documentation to AccountsPayable@nhcc.edu.

Accounting & Fees Use Only	
LBA/DP	Imprest Cash (000153-8212)
Serial #	_____
Date	_____
Check #	_____

To be reimbursed

- You must submit original *itemized* receipts
- Your request must be submitted within 30 days of event.
- Attach conference event itinerary, if applicable
- Attach approved out-of-state travel form, if applicable.
- The check will be mailed to the address in eServices. Please make sure it matches the address on this form.

Reminder: Tax is ONLY reimbursable for catered food.

Name	Student Tech ID #	Home Address		City	State	Zip Code	Phone Number									
Cost Center	Club/Organziation	Reason for Travel		Trip Location	Trip Start Date	Trip End Date										
Travel Expenses																
Date	Vendor/Comments	Meals *				Parking	Registration	Airfare Lodging	Mileage for Personal Vehicle							
		Breakfast	Lunch	Dinner	Total				Time To/From	Miles Location	Total Miles	Mileage Rate *	Mileage Amount	Total		
*Please see the attachments meal allowances and mileage rates.		TOTALS														
Other Expenses																
Date	Expense Type (Use drop down)	Description/Event/Comments					Amount									
Accounting and Fees Use Only						Subtotal										
Meals -1850	Student Activities - 2710	Student Travel - 2720	Supplies - 3000	Other		Grand Total \$										

Student Signature _____ Date _____

Authorized Signature _____ Date _____

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid.

If you have questions about this form please email AccountsPayable@nhcc.edu