## MILLSAPS COLLEGE

## **NON - EMPLOYEE EXPENDITURE FORM** NON-ACCOUNTABLE PLAN PLEASE ATTACH COPIES OF RECEIPTS

Date of Request: _				
P	ayable To:			
Charge to Account	. Number:			
enarge to recount				
Describe Reason fo	or Travel & Expenditures:			
TRAVEL: milea;	ge @ .67 cents per mile  Destination / Purpose / Via	Mileage	Amou	int
			subtotal:	
LODGING: Date:	Establishment / Address		Amount	
			<u>subtota</u> l:	
MEALS: Date:	Breakfast / Lunch / Dinner / Establ	lishment		Amount
			subtotal:	
OTHER EXPENDED	<b>DITURES:</b> Taxi / Parking / Tips / Etc.			Amount
			subtotal:	
	***TOTAL AMOUNT TO BI	E PAID:	\$	
Signature:		<b>Date:</b>		
Approval Signature: Date: ***This amount will be included in your 1099 total.				 Rev. 1/24
min amount Wi	n be included in your 1000 total.			ICV. 1/44

<sup>\*\*\*</sup> This amount may be deductible for income tax purposes.