Sun Health™ EMPLOYEE SERVICES

EMPLOYEE EXPENSE REIMBURSEMENT FORM

***BACK UP DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM.**

NAME: **Campus:** SH Colonnade-630   **Date:**

MILEAGE, MEALS AND OTHER CHARGES							CODING				
DATE	DESCRIPTION	TRAVEL Miles	Rate/Mile $0.67	MEALS	OTHER	AMOUNTS DUE	CAMPUS	CARE TYPE	DEPT #	G/L ACCOUNT	
			$0.00			$0.00					
			$0.00			$0.00					
			$0.00			$0.00					
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			$0.00			$0.00					
			$0.00			$0.00					
			$0.00			$0.00					
	Total Mileage		$0.00			$0.00					

TOTALS		$0.00			$0.00	$0.00

○ **Send via Interoffice Mail** ○ **Send via Regular Mail** Provide Department or Address Info: ______________________

Employee Signature   **Direct Manager Signature**   **Secondary Approval Signature** (if required)

Date   **Date**   **Date**

Directions for completing the Employee Reimbursement Form

- Complete the form, following column heading prompts. Name, Campus and Date are required.
- Scan receipts or any other documentation in the order of the documents listed on the expense report. Save as **LastName, FirstInitial Emp Reimburse Backup xx.xx.xx** (date).
- Once all expenses are entered and receipts scanned, click on the signature field and digitally sign. At prompt, **rename form to LastName, FirstInitial Emp Reimburse Form xx.xx.xx** (date) and **Save**. Enter Date and Save.
- Go to **File** - **Share File** - select **Attach to Email** - select email for **Direct Manager - ATTACH BACKUP DOCUMENTATION** file - click **Send** to process for review/approval/signature.
- **Direct Manager** will review and approve entries/back up documentation and repeat the digital signature steps in order to forward to **Secondary Approval** for signature (if necessary); otherwise the approved form/backup documentation shall be digitally submitted to **A/P for payment**.

rev January 2024