

MILLSAPS COLLEGE

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

Date of Request: _____

Payable To: _____

Charge to Account Number: _____

Describe Reason for Travel & Expenditures: _____

TRAVEL: mileage @ .56 cents per mile

Date:	Destination / Purpose / Via	Mileage	Amount
			subtotal:

LODGING:

Date:	Establishment / Address	Amount
		subtotal:

MEALS:

Date:	Breakfast / Lunch / Dinner / Establishment	Amount
		subtotal:

OTHER EXPENDITURES:

Date:	Taxi / Parking / Tips / Etc.	Amount
		subtotal:

*****TOTAL AMOUNT TO BE PAID: \$ _____**

Signature: _____

Date: _____

Approval Signature: _____

Date: _____

***This amount will be included in your 1099 total.

Rev. 1/20

*** This amount may be deductible for income tax purposes.