Employee Expense Report

Employee Information

Name

Department Administration

Date

Mgr Name

One Item Per Line - Receipts Must Be Provided Upon Submission

For AP Office Use Only

Date	Description	Lodging	Transportation**	Fuel	Meals*	Entertainment*	Other	TOTAL	Account
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
								$ 0.00	
		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00		

*__All Meals / Entertainment receipts MUST include the__ Participants Names AND Business Purpose__.__

Sub Total $ 0.00

**__2026 Mileage Reimbursement Rate = 0.725 cents per mile driven. List total miles driven for each leg/trip in field marked "Transportation"__

TOTAL $ 0.00

*__Please submit via email to AP@Hcec.com__ -- *AP Checks are issued every payroll week*

Employee Signature:

Manager Signature:

REIMBURSEMENTS

HCEC Policy states request for reimbursements should be within 60 days.

All Purchases over $10 require an ITEMIZED Receipt

Revised 1/2/2025 - KV
S/Shared/Forms