|  |  |
| --- | --- |
| Name/Employee ID: | ID# W |
| Address, City, State, Zip: |  |
| IIPD Grant Award Cycle: | Indicate month and year of award: October (year) or March (year) |
| Amount of Grant Award: |  |
| Purpose of Grant: |  |
| Conference Location/Date: |  |
| **Please note that reimbursement requests cannot be processed without a completed IIPD Report Form**. | |

**STEP 1:** List all grant expenses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Description of Grant Expense** | **Amount** | **Paid by:** | **Account Number** | **JV Date**  **(Internal Use Only)** |
| 5/29/2011 | **Example:** Airline Tickets | $250.00 | Prepaid by Financial Services | Processed by Financial Services (5/15/11)  Acct #2035 00 1536 620 00 |  |
| 6/10/2011 | **Example:** Hotel | $300.00 | Self |  |  |
| 6/10/2011 | **Example**: Conference Registration | $350.00 | Department | List dept. account number to be reimbursed |  |
|  |  |  |  |  |  |
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| --- |
| **For Per Diem Meal and Incidental (M&IE) Rates Within the US: *FOLLOW THESE STEPS AND COMPLETE THE TABLE BELOW***  Click here: http://www.gsa.gov/portal/content/104877. Enter the state and city of the conference. Locate the M&IE in the last column in the light blue bar, go to #5 under footnotes and click on the Breakdown of M&IE Expenses for breakfast, lunch, dinner and incidentals. Use this chart to enter the daily per diem rate listed above. DO NOT include meals provided by the conference or a third party in the M & IE row of the chart below. **First & last day of travel are calculated at 75% of the total (see chart).** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | |  | | --- | | **\*Account Number/or Faculty Prof.** | | **Total** |
| **Date** |  |  |  |  |  |  |  |  |  |
| **Meals paid by employee** | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner | Breakfast  Lunch  Dinner |  |  |
| **M & IE Only** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |  | **$** |

***Do Not Attach Meal Receipts***

**Grand Total for M & IE Only:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 2:** Complete *Reimbursement Summary* section below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reimbursement Summary** |  | **To be completed by the Grants Department:** | | | | |
| Total Grant Amount |  | | Grant Amount | Reimbursement Amt. | Date | Account Number |
| Less Pre-Paid Expenses |  | |  |  |  |  |
| Subtotal |  | |  |  |  |  |
| Less Amount Owed to You |  | |  |  |  |  |
| Balance of Grant |  | |  |  |  |  |

**STEP 3:** Print and sign this form.

|  |  |
| --- | --- |
| **Date:** | **I certify that this is a true report of my expenses.** **Employee Signature:** |

**STEP 4:** Organize all of your receipts and make sure they match up to the IIPD Reimbursement Form.

**STEP 5:** Submit your reimbursement request, receipts and IIPD Report to Lisa Dopke via email at [ldopke@grcc.edu](mailto:ldopke@grcc.edu).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Grants Department Approval:** | **approves payment of $** | **from Account #** |
| **Date:** | **Financial Services Approval:** | | |