


D-2e FORM Employee Expense Report

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EMPLOYEE EXPENSE REPORT
P-24 FORM

PLEASE PRINT OR TYPE

Name: _____ SCC ID#: _____ Employee Board Member

Home Address: _____ City/State/Zip _____ Division: _____

*Enter actual meal costs up to the meal and location limits per GSA. (available at <http://www.gsa.gov/portal/category/2087>)

DATE	INSTITUTION/ INCOURTMENT	MILES	DETAILED MEAL COSTS *			DAILY MEAL TOTAL	ATTACH RECEIPTS		MISC. TRAVEL COST & RECEPTION	
			BREAKFAST	LUNCH	DINNER		HOTEL	COMMERCIAL FARES / PASSENGER FEES		
10/20/11	-SAMPLE- OHA airport to hotel	15	\$13.00	\$14.00	\$23.00	\$50.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
Total miles		0				Totals:	0.00	0.00	0.00	0.00

DATE	MISC. OTHER EXPENSES	OBL. NO.	AMOUNT
Total miscellaneous other expenses			0.00

OBL. NO.	DESCRIPTION	AMOUNT
0	MILES AT RATE 7741	0.00
	MEALS 7711	0.00
	HOTEL 7711	0.00
	COMMERCIAL FARES (AIRFARE, CAB RENTAL, RENTALS, ETC.) 7721	0.00
	MISC. TRAVEL (TOLLS, PARKING, TAXI, AIRPORT, ETC.) 7731	0.00
CARRY TOTAL MISC. OVER TO RIGHT		0.00
GRAND TOTAL		\$ 0.00

I certify that the above expenditures were made in connection with and in accordance with SCC business and policies:

Employee Signature: _____ Date Submitted: _____

Accounting: Location No. _____ Fund No. _____ Cost Center No. _____ Project Code _____
(SUBMIT TO IMMEDIATE SUPERVISOR FOR APPROVAL)

Supervisor Signature: _____ Date: _____
(SUBMIT TO ACCOUNTS PAYABLE-HILFORD)

AD03 - EP (05/20)

Accounts payable notes:

Adopted Date: 09/01/2004; Revised 7/2011; Revised 2/2012