



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

Reimbursement for Grant Related Expenses for Non-SMCCCD Employees

Use this form to report expenses for Non-SMCCCD employees only that are not independent contractors or a corporation. Items designated with an ® require RECEIPTS to be submitted with this form. Your signature certifies that expenditures are true and correct and were incurred in connection with official business of the SMCCCD that may be grant related.

Last Name	First Name	Social Security No.
Address	City, State	Zip Code
Grant Activity/Event/Location	Date(s) of Event	
Expenses/Honorarium/Stipend:		Amount
Honorarium/Stipend:		
Transportation ® (airfare, mileage, other)		
Lodging ® (room charges and taxes only)		
Meals ®		
Miscellaneous (Tolls, Parking) ®		
Total Reimbursement/Payment:		
SMCCCD Account Distribution for Honorarium/Stipend (FOAP: XXXXX XXXX 5102 XXXXXX)		
SMCCCD Account Distribution (FOAP)		Date of Request
Employee completing form		Telephone Ext.
Project Director's Signature:		
Dean's Signature:		
Business Officer Signature:		

® = Receipt Required

Note: A W9 is required for reimbursement. The Honorarium/Stipend is subjected to 1099-Miscellaneous Income.