EXPENSE REPORT

(Employee Reimbursement Request Form)

- This form is used to request reimbursement of corporate or site related expenses paid out by an employee in 2024.
- Please complete and submit this form to Payscan or Strongroom within the same accounting period that the expenses were incurred.
- Attach all receipts – requests without receipts will not be processed.
- If the employee is not currently listed as a vendor please add to Yardi or CINC by submitting the platform specific new vendor form available in the ADP Forms Library.

Today's Date: **Invoice #:**

Property Name: **Property #:**

Employee Name: **Amount of Request:** $ 0.00

Travel/Out of Office Expenses

Date	Description	Parking	Tolls	Travel*	Taxi	Hotel	Meals	Gas
	GL CODES:							
	TOTALS:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

*Current Mileage Rate is: $0.67/mile

Total Travel Expenses: $ $ 0.00

Other Expenses

Date	Paid To	Description	GL Code	Amount

Total Other Expenses: $ $ 0.00

GL Distribution Totals – list one total per GL (from expenses outlined above)

	GL Code	Total $ Amount		GL Code	Total $ Amount
1			6		
2			7		
3			8		
4			9		
5			10		

Total $ Distribution
$ 0.00

Employee Signature: _____ **Total # of Receipts Attached:** _____

By signing this form you attest that the information on the form is accurate to the best of your knowledge, all expenses are genuine and appropriate and, as applicable, billable to BMC and/or the property(ies) noted on this form.