

SUBMITTING COVID TESTING RECEIPTS FOR REIMBURSEMENT QRG

Overview

Team Members with approved COVID accommodations must submit testing information each week in order to continue working their scheduled shifts. Expense reimbursement information should be submitted at the same time for timely payment processing.

Refer to the information below for details on submitting this information.

Team Member Responsibilities

1. Once testing is complete, results and expenses are submit [here](#). Refer to the steps below to complete the Team Member Expense Reimbursement Form prior to submitting test information.
2. Download the current [Team Member Expense Reimbursement Form](#) from MIK Hub. File is also available at the end of this document.
3. Complete Team Member information in Section One, including:
 - o Team Member Name
 - o Current Address
 - o Employee ID number - MANDATORY
4. In the Travel section, fill in the calendar date of when the test was taken.
5. Skip to the **Other Items Not Listed Above** Line. On this line, key in the dollar amount of the test. Ensure the information is in the same column as the date used in the Travel section.
 - o **NOTE:** The form will autocalculate the reimbursement amount into other columns once keyed.
6. Key in Store Number as Cost Center.
7. Business Purpose: COVID Testing
8. Key in Date.
9. Print and sign completed form.
10. Obtain Store Manager approval by signing the Supervisor box.
11. Once complete, upload and submit the approved form and testing receipt [here](#).

Store Manager Responsibilities

- Review the Team Member Expense Reimbursement Form details match receipt information prior to approving.

District Manager Responsibilities

- Submissions for Team Member Reimbursement will be sent directly to your email inbox.
- Review all information matches and forward the email with your approval to: invoiceprocessing@michaels.com

Michael's
MAKE CREATIVITY HAPPEN
TEAM MEMBER EXPENSE REIMBURSEMENT

ATTACH ALL ORIGINAL RECEIPTS FOR ALL CHARGES
INCLUDE ALL MEALS AND MEAL TIPS – DO NOT INCLUDE MILEAGE

ACCOUNTING DEPT USE ONLY
ACCOUNT CHARGED AMOUNT

SECTION ONE
NAME LAST DAY OF TRAVEL
MAILING ADDRESS APARTMENT #
CITY, STATE, ZIP CODE EMPLOYEE ID #

TRAVEL
DATE SUN MON TUES WED THURS FRI SAT TOTALS
CITY FROM TO

MEALS
LUNCH \$ 0.00
DINNER \$ 0.00
TOTAL MEALS \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

TRIPS/LOGGING
AIRFARE \$ 0.00
RENTAL CAR \$ 0.00
RENTAL CAR GAS \$ 0.00
PARKING, TOLLS \$ 0.00
BUS, TRAIN, ETC. \$ 0.00
LODGING \$ 0.00
OTHER TRAVEL RELATED - DESCRIBE \$ 0.00
TOTAL TRIPS/LOGGING \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

OTHER CHARGES NOT LISTED ABOVE \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

ITEMS CHARGED DIRECTLY TO THE COMPANY
TOTAL COMPANY DUES \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

SECTION TWO
STORE OR COST CENTER A. TOTAL EXPENSES (1+2+3) \$ 0.00
BUSINESS PURPOSE B. PAID DIRECTLY BY COMPANY (4) \$ 0.00
TM SIGNATURE DATE C. TOTAL PAID BY TEAM MEMBER (A-B) \$ 0.00
APPROVALS SUPERVISOR OFFICER AMOUNT DUE TEAM MEMBER COMPANY

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