



STAFF EXPENSE REIMBURSEMENT REQUEST

NAME _____ DATE _____ MAILING ADDRESS _____

When claiming a reimbursement for small out of pocket purchases, please complete this form, tape the original receipts to an 8 1/2" x 11" paper, and give it to your supervisor for approval before submitting to the Business Department. Please # your receipts and list them separately below. Use a second form if more than 8 receipts.

RECEIPT #	DATE OF PURCHASE	DESCRIPTION OF PURCHASE	FUND	RESOURCE	YR	OBJ	SUB OBJ	GOAL	FUNC	COST CTR	SITE	TOTAL AMOUNT
1												
2												
3												
4												
5												
6												
7												
8												
GRAND TOTAL												

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____
 (Print Name) (Signature)

INSTRUCTIONS:

- A warrant will be sent to the mailing address indicated at the top of this form.
- Submit original purchase receipts only.
- If a personal check is written for an item and a receipt doesn't show a payment was applied, attach a copy of the bank statement showing a check for the exact amount debited.