



REIMBURSEMENT REQUEST

Name of Person Submitting Request: _____

Date Submitted: _____

Reason for Expenditure: _____

Purchase Order Number: _____

Date	Department Charged	Description	Total

Totals

--

Note: Please attach original receipts and/or proof of expenditure for each item listed above. Attach items **behind** this page.

OFFICE USE	
Date Paid	
Check Number	

SIGNATURE	
_____	_____
Name	Date
AUTHORIZATION SIGNATURE:	
_____	_____
Name	Date