

# Expense Reimbursement Form

Name: \_\_\_\_\_

Date	Purpose	Item Description	Unit	Amount
<b>Total</b>				

Signature: \_\_\_\_\_ Summit Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Check Number: \_\_\_\_\_

*Please submit the form and related signed receipt(s) to accounting before the fourth Friday for monthly reimbursement.*

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## For accounting use only

Payee: _____
Chck amount: _____
Issue date: _____
Payee signature: _____
Approved by: _____
Date: _____