

## EXPENSE REIMBURSEMENT FORM

**Date Submitted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

<b>Date/Vendor Name/Location</b>	<b>Expenditure Explanation</b> (Number of People & Names if applicable)	<b>\$ Amount</b>
<b>TOTAL</b>		<b>\$</b>

**NOTE: MUST HAVE RECEIPTS FOR ALL EXPENSES ATTACHED**

**Supervisor's Approval:** \_\_\_\_\_