



## Reimbursement Expense Form

(please complete the following for each purchase)

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

Today's Date: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Place of Purchase: \_\_\_\_\_

Make Check To: \_\_\_\_\_

Amount: \_\_\_\_\_ (ATTACH DOCUMENTATION)

Comments: \_\_\_\_\_

Purpose of Purchase: \_\_\_\_\_

Budget or  
Fund to Charge: \_\_\_\_\_

Check Distribution:

\_\_\_\_\_ Return to requester.

\_\_\_\_\_ Return to Secretary.

\_\_\_\_\_ Mail to: \_\_\_\_\_

(will be sent via \_\_\_\_\_

electronic banking \_\_\_\_\_

and may take up to \_\_\_\_\_

1 week to process) \_\_\_\_\_

Signature: \_\_\_\_\_