



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: _____