REQUIRED FOR ANY REIMBURSEMENT OF EXPENSES

REQUEST FOR EXPENSE REIMBURSEMENT:

NAME:_____ DATE:_____ _____

ADDRESS:_____

PRODUCTION:_____

SUBMITTED BY:_____

DESCRIPTION OF PURCHASE (PLEASE BE SPECIFIC):

_____

_____

_____

DIRECTOR TO COMPLETE:	PURCHASER TO COMPLETE:
FUND:_____ APPROVAL SIGNATURE: _____	WAS APPROVAL GIVEN PRIOR TO THE PURCHASE: Y / N IF SO, BY WHOM?_____

Each receipt for expense should be attached to a separate form and all receipts must include a copy of credit card statement, if applicable and not paid by check, cash or debit card.

REVISED 5/7/13