



EXPENSE REIMBURSEMENT 2022-2023

EMPLOYEE
NAME _____
ADDRESS _____
C/ST/ZIP _____

REQUEST DATE _____
DEPARTMENT _____

PLEASE ATTACH RECEIPTS

DATE	ITEMIZED EXPENSES	TOTAL
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
TOTAL REIMBURSEMENT		\$0.00

ACCOUNT # _____

EMPLOYEE SIGNATURE _____
PRINC/DEPT HEAD APPROVAL _____
BHASSED APPROVAL _____

DATE _____
DATE _____
DATE _____