



EXPENSE REIMBURSEMENT 2024-2025

EMPLOYEE NAME _____ ADDRESS _____ C/ST/ZIP _____	REQUEST DATE _____ DEPARTMENT _____
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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 _____