



## EXPENSE REIMBURSEMENT 2025-2026

EMPLOYEE  
NAME

REQUEST DATE

ADDRESS

DEPARTMENT

C/ST/ZIP

**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

DATE

PRINC/DEPT HEAD  
APPROVAL

DATE

BHASSED APPROVAL

DATE