

# Employee Reimbursement Request

Employee Name \_\_\_\_\_ Employee's Vendor # \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ (Do Not Include Sales Tax) Employee's Phone \_\_\_\_\_

Immediate Need Justification (be specific, include dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Note: **GIFT CARDS ARE NOT AN ALLOWABLE PURCHASE.**

\_\_\_\_\_  
Approval Signature - Principal/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature - Business Office

\_\_\_\_\_  
Date

Attach Receipts Listed Below: Please Note: **GIFT CARDS ARE NOT AN ALLOWABLE PURCHASE.**

<u>Purchased From</u>	<u>Date</u>	<u>Amount</u>	<u>Budget Code</u>	<u>Account</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount \$ \_\_\_\_\_

**\*\*\* \$50 or less use Petty Cash \*\*\*** Tape receipts to a separate sheet of paper.  
**Please Do not tape or highlight** over words because it causes the wording to disappear.