

EXPENSE REIMBURSEMENT REQUEST

Name: _____ Statement No.: _____
 Employee ID: _____ Department: _____
 Purpose: _____ Manager: _____

PAY PERIOD	
FROM	TO

DATE	DESCRIPTION	AIR & TRANS.	LODGING	FUEL / MLG.	PHONE	MEALS	ENTERTAINMENT	OTHER	TOTAL
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*** RECEIPTS MUST BE ATTACHED ***

Subtotal	\$ -
Advances	
Total Reimbursement	\$ -

Itemized Expenses or Description of "Other"

DATE	DESCRIPTION	AMOUNT

Authorized By _____ Date _____

For Office Use Only