

**Expenses Reimbursement** 

Date		Department	-	
Payable				
to/Zelle		Requested by		
Description of expense				Amount
			Total	
Received b	oy:	Date:		
Approved I	by:	Date:		
Expenses th	nat exceed or equal to \$200 require	both principals' sign	atures	
Approved	D) #	Data		
Approved I	oy:	Date:		
Payment M	lethod:	Date:		