



Employee Name

Date

Purchase Date	Item Description	Vendor	Quantity	Unit Price	Total Price	Preapproved?
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
Total Reimbursement Requested						

Receipt(s) must be submitted with this form in order for the reimbursement to be processed.

DO NOT COMPLETE BELOW THIS LINE – FOR APPROVAL USE ONLY

Receipt provided? Yes No

Reimbursement approved? Yes No

Date reimbursement issued:

Owner/Director Signature

Date