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**Request for Reimbursement**

(Receipts/Bills must be attached)

|  |  |  |
| --- | --- | --- |
| **DATE OF** **EXPENDITURE** | **DESCRIPTION OF ITEM****PURCHASED** | **AMOUNT TO BE REIMBURSED** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

 **TOTAL Reimbursement:**

Make check payable to:

Name:

Address:

 Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Amount of sales tax will not be reimbursed.