



## EXPENSE REIMBURSEMENT FORM

### INSTRUCTIONS

- To qualify for reimbursement, an itemized receipt must be attached to this form.
- Receipts must be submitted within 60 days of the purchase date.
- Please fill out all fields completely.

NAME OF SERVICE AREA: \_\_\_\_\_

### PURCHASE DETAILS

Date of Purchase	Item/Service Purchased	Purpose	Amount (\$)
<b>Total Amount Requested for Reimbursement</b>			

### PAYEE INFORMATION

Name of Individual Submitting Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address for Reimbursement: \_\_\_\_\_  
Street City State Zip

### APPROVAL SIGNATURES

Service Operations Director: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Reminder: Ensure all itemized receipts are securely attached to this form before submission.