Expense Reimbursement

E-req#:

PO#:

Employee Name:

Department:

Manager Name:

Account:

Expense Period

From:

To:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

Category Options (select one):

Business Meals; Dry Cleaning; Dues; Instructional Meals; Instructional Supplies; Postage; Other

SUBTOTAL

Less Cash Advance

TOTAL REIMBURSEMENT $ -

Don't forget to attach receipts!

Employee Signature Date

Approvals:

Manager/Department Head Date

Business Services Date