



EXPENSE REIMBURSEMENT FORM (NON-TRAVEL)

Reimbursements are processed on an exception basis and only when a P.O. or P-card cannot be utilized.

ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED

Payee Name:	
Payee Address:	
Date purchased:	
Explanation of Expense(s):	
Amount requested:	
Account Code:	
Justification for Reimbursement:	
Signature of Payee:	Date:
Principal or Supervisor Signature:	Date: