

## Reimbursement Request Form

Employee Name \_\_\_\_\_ Worksite \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Sales Receipt Date: \_\_\_\_\_ Vendor \_\_\_\_\_

Items	Costs	Budget Code	Verified as Received	Location Needed
<b>Total Due</b>	_____			

Sales Receipt Date: \_\_\_\_\_ Vendor \_\_\_\_\_

Items	Costs	Budget Code	Verified as Received	Location Needed
<b>Total Due</b>	_____			

Please note that items purchased by individuals are at the individual's "risk" of continued ownership as an intention to reimburse is subject to management approval and agency need for items or services.

Keep a list of items for addition to supply or inventory listing at location needed/used.

\_\_\_\_\_  
Management Staff Approval to Process

\_\_\_\_\_  
Date Approval Given

Office Use Only: Additional Approvals
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