

**REQUEST FOR REIMBURSEMENT**

PAYABLE TO: \_\_\_\_\_ CENTER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ITEM(S):	DESCRIPTION:	AMOUNT:	BUDGET CODE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT EXPECTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OTHER DETAIL OR INFORMATION: \_\_\_\_\_

PRIOR APPROVAL REQUIRED AND GIVEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Send all reimbursements (other than for educational center supplies: Pikeville) to South Pittsburg Office.  
Attach all receipts and other detail information.

Adm. 12; revised 01-96

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