



Reimbursement Request

Date:		Office/Center	
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Item	Cost	Why Needed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sub-Total	\$	
Sales Tax/County	\$	
Total	\$	

Was prior authorization given to purchase using personal funds?	Yes	No
By Whom?	(Attach Invoices)	

Submitted by:		Date	
Approved by: (Program Director)		Date	
Approved by: (Assistant Executive Director)		Date	
Approved by: (Executive Director)		Date	

Program		Project	
Budget Item:			
Paid by Petty Cash Officer		Date	
Receipt #			
Bookkeeper		Date	
Check Number			