

Reimbursement Request

Date:		Office/Center					
ltem			Cost		Why Nee	Why Needed	
Item			\$		wing Nece	,ucu	
			\$				
			\$				
			\$				
			\$				
			\$				
Sub-Total			\$				
Sales Tax/County			\$				
Total			\$				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			I f d - O		V	N	
Was prior authoriza	tion given to purci	nase using persor	nai tungs?		Yes	No	
By Whom?					(Attach II	nvoices)	
Submitted by:					Date		
Approved by: (Program Director)					Date		
Approved by: (Assistant Executive Director)					Date		
Approved by: (Executive Director)					Date		
D				Duning	<u> </u>		
Program				Project			
Budget Item:				_	Ī		
Paid by Petty Cash	Officer			Date			
Receipt #					T		
Bookkeeper				Date			
Check Number							