



Employee Reimbursement Request

NAME:

SUBMIT DATE:

DATE	EXPENSE(S)	CATEGORY	AMOUNT
TOTAL			

- CATEGORY:
- * MEAL (list name of attendee(s))
 - * TRAVEL
 - * TRAINING / EDUCATION
 - * OFFICE SUPPLIES
 - * LAB SUPPLIES
 - * REPAIR / MAINT
 - * OTHER (specify)

EMPLOYEE SIGNATURE: _____

REIMB WITH NEXT PAYROLL

REIMB IMMEDIATELY

- * Itemized and Payment receipt(s) / document(s) must be submitted with all reimbursement request.
- ** Please refer to EE Handbook for all travel expense(s) reimb qualification.
- *** If paid for someone other than yourself, please list all attendee(s)
- **** All categories other than MEAL, please list requester / approved for purchase.

PAYROLL RECORD ONLY

CK#:

CASH:

PAYROLL DATE: