

# REQUEST FOR EXPENSE REIMBURSEMENT

**Please use this form for expenses to be reimbursed directly to an employee, providing appropriate receipts showing the payment has been made by an employee.**

Name \_\_\_\_\_ Date \_\_\_\_\_

The following expenses were incurred by me  
on: \_\_\_\_\_

Dates: \_\_\_\_\_

Mileage \_\_\_\_\_

Meals (B)(L)(D) \_\_\_\_\_

Other (describe) (e.g. parking) \_\_\_\_\_

Reason expenses were incurred: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

For Office Use:

Paid: Date: \_\_\_\_\_ Check # \_\_\_\_\_ Petty Cash Voucher \_\_\_\_\_

Account #	Amount
_____	_____
_____	_____
_____	_____