



Employee Reimbursement

Please make check payable to:

Name: _____

Address: _____

City/State/Zip: _____

EXPENSES:

Please submit this form within 45 days of incurred expense.

Date	Explanation of Expense	Account/Purpose Admin use only	Amount
Subtotal			\$
Advance Payment Towards Expenses			\$
Expenses Less Advance Payment			\$
Total Reimbursement Amount			\$

Please attach original receipts.

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

Vivie Sinou, Executive Director