

## Employee Reimbursement Request

Please make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### EXPENSES:

Please submit this form within 30 days of incurred expense.

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

Please attach original receipts.

Check one to elect a contribution to {Organization Name}:

I would like to contribute the total amount to {Organization Name}.

I would like to contribute \$\_\_\_\_\_ to {Organization Name}.

An acknowledgement letter will be sent to you for your donation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager of Finance and Administration

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director

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