Employee Reimbursement Request

Please make check payable to:

Name: ________________
Address: ____________________________
__________________________________
City/State/Zip: ________________________

EXPENSES:
Please submit this form within 30 days of incurred expense.

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation of Expense</th>
<th>Account/Purpose Admin use only</th>
<th>Amount</th>
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Subtotal $____
Advance Payment Towards Expenses $____
Expenses Less Advance Payment $____
Total Reimbursement Amount $____

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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