



# REIMBURSEMENT REQUEST FORM

<b>Date:</b> <input style="width: 100%;" type="text"/>	<b>Charge to:</b> <input style="width: 100%;" type="text"/>	<b>Total Amount:</b> <input style="width: 100%;" type="text" value="\$"/>
<b>Payable To:</b> _____		
<b>CHOOSE ONE:</b> <input type="checkbox"/> <b>Direct Deposit (Must provide address)</b> <input type="checkbox"/> <b>Mail Check</b>		
<b>ADDRESS:</b> _____ _____		
<b>Description and Purpose of Items Purchased:</b> _____ _____ _____ _____ _____		
<b>Signature:</b> _____ (Person incurring expense)		
<b>Signature:</b> _____ (Account Manager)		
<b>Please attach all <i>original</i> receipts</b>		

<b>If purchase included refreshments/meals, please provide the following information:</b>	
<b>Purpose of Event:</b>	_____
<b>Date &amp; Location:</b>	_____
<b>Number of Participants:</b>	_____
<b>Guests Included:</b>	_____
<b>Host of Event:</b>	_____
<i>Please include copy of event announcement or guest list, if applicable</i>	