



CHECK REQUEST / EMPLOYEE REIMBURSEMENT FORM

DATE: _____

CHECK PAYABLE TO: _____

AMOUNT: _____

DESCRIPTION AND/OR
PURPOSE OF EXPENSE: * _____

* attach supporting documentation; employee reimbursements require ORIGINAL receipts

SCHOOL / DEPT. : _____ ACCT: _____

REQUESTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____