



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	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

Check # _____ Check Date: _____ Processed by: _____