
Reimbursement Request

Note: Reimbursements from petty cash cannot exceed \$50.00.

Date	_____	Department	_____
Amount of reimbursement	_____	Requested by	_____
Description of expense	_____		
Account number	_____	Approved by	_____
Signature	_____		
Amount approved	_____	Received by	_____
Signature	_____		

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