



# EXPENSE REIMBURSEMENT FORM

**PURPOSE OF PURCHASE:**

## ITEMIZED EXPENSES

DATE OF PURCHASE	DESCRIPTION OF PURCHASE	COST OF ITEM
<b>*Must Attach All Relevant Receipts*</b>		<b>TOTAL REIMBURSEMENT</b>

NAME OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_