

# Expense Reimbursement Form



Name:   
Department:

Date:

Purpose:

## Itemized Expenses

DATE	DESCRIPTION	COST
TOTAL REIMBURSEMENT		<input type="text"/>

**Don't forget to attach receipts!**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Approval Signature (President or VP) Date

### For Treasurer Use Only

Cheque Date:   
Reimbursement Cheque #:

