

REQUEST FOR REIMBURSEMENT

In cases of emergency or extremely short time frames a purchase of **under \$50.00** can be made with the **prior approval** of the Site Director, Department Director, or Fiscal Manager. To receive reimbursement the receipt must be attached to this form. **This type of purchasing is to be a rare exception and should not be considered a way to avoid purchasing procedures.**

To: Fiscal Department

From: _____
 (check issued to) (signature)

Address: _____

 (include zip code)

Total Amount of Request: \$ _____
 Please attach ALL receipts to request.

Item or Service and Purpose	Cost	Site/Program	Grant #	Expense #

Approval Signatures:

Supervisor: _____
 Date

Department Director
 (HS, EHS, CC Etc.): _____
 Date

Executive/Finance
 Director: _____
 Date

FOR OFFICE USE ONLY			
Invoice #	Account #	Amount	\$
	_____	_____	_____
	Account #	Amount	\$
	_____	_____	_____
	Account #	Amount	\$
	_____	_____	_____
	Account #	Amount	\$
	_____	_____	_____
	Account #	Amount	\$
	_____	_____	_____
	Entered:	_____	_____
	Initials	Date	