



C R O S S W A Y

REIMBURSEMENT FORM

(Please staple all receipts to this form.)

Submitted by: _____ Date: _____

Was expense pre-approved? • Yes • No

Amount from attached receipts:.....\$ _____

Description of expenses/event: _____

Amount from non-receipted expenses:.....\$ _____

Itemize each non-receipted expense:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of receipted and non-receipted expenses:.....\$ _____

Signature: _____

[Do not write below this line.]

Approved By: _____	Date: _____
Check #: _____	Amount: \$ _____
	Date: _____