

# Reimbursement Requisition

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department for which you made this purchase: \_\_\_\_\_

All purchases must be pre-approved by the appropriate department head.

Department head signature: \_\_\_\_\_

Reason for purchase: \_\_\_\_\_

\_\_\_\_\_

Amount of purchase: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Place of purchase: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

PLEASE ATTACH RECEIPT TO BACK OF THIS PAGE

PLEASE NOTE: Reimbursements will be made the Tuesday **AFTER** this form is turned in. To be processed next day, forms must be turned in by 9:00 AM on Monday morning.

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*FOR OFFICE USE ONLY*

Reimbursed On: \_\_\_\_\_ Check Number: \_\_\_\_\_

From Designated Account: \_\_\_\_\_

From General Account: \_\_\_\_\_

Approved By: \_\_\_\_\_