



## REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

<u>Reimbursement Item(s)*</u>	<u>Date Incurred</u>	<u>Cost</u>	<u>Account Number</u>

Total Reimbursement

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

Department Head Approval \_\_\_\_\_

City Administrator Approval \_\_\_\_\_

Payroll Reimbursement Date \_\_\_\_\_

Cash Out / Initials for Payment \_\_\_\_\_

\*Please attach receipts or other information documenting payment.