



COLLEGE AND CAREER ADVANTAGE

Expense Reimbursement Request All Requests Must be Accompanied by Receipts

Pre-Approval Date _____

Name _____ Date _____

Address _____

Reason for Expense _____

	Description	Amount
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

Total Expense \$ _____

I certify that the above were actual and necessary expenses.

Employee Signature _____

Supervisor Signature _____ Date _____

Executive Director Approval _____ Date _____

Accounting Use Only

<u>PO#</u>	<u>Pseudo</u>	<u>Object</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____