



Expense Reimbursement

Date: ____/____/____

Employee Name: _____ ID # _____

I am requesting reimbursement for the following out-of-pocket purchases I made on behalf of Kids Central.

List of items purchased: _____

Reason for purchase: _____

Total amount of reimbursement: \$_____

Receipts must be attached to substantiate expense. Attach all receipts for reimbursement.

Employee Signature _____ /_____/_____
Date

Supervisor's Signature _____ /_____/_____
Date

Office Use Only:

Comments: _____

[] Approved

[] Denied

Signature _____ /_____/_____
Date