

EXPENSE REIMBURSEMENT REQUEST

NAME _____

EVENT _____

DATE _____

DATE OF EXPENSE	DESCRIPTION OF EXPENSE	PURPOSE	AMOUNT
PER DIEM	Number of Days	X \$50.00/Day	\$

<u>OFFICIAL USE ONLY</u>		
<u>REIMBURSEMENT APPROVED</u>	Y N	AMOUNT
<u>DATE PAID</u>	AMOUNT	CHECK #
<u>Approval Signature</u>		

SUBTOTAL	\$
LESS CASH ADVANCED	\$
AMOUNT TO BE REIMBURSED	\$
AMOUNT DUE AKANA	\$

Requester Signature _____

Date _____

ADDITIONAL DOCUMENTATION TO BE INCLUDED WITH THIS REQUEST

- | | | | |
|----------------------------------|-----|----|------------------|
| 1. Receipts for each expenditure | YES | NO | (circle one) |
| 2. Request for Funding Form | YES | NO | N/A (circle one) |
| 3. Commitment to Serve Letter | YES | NO | N/A (circle one) |