



## Employee Receipt Reimbursement

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date	Store	Purpose/Individual's Name	Amount of Receipt	Allowable Reimbursement Amount
Total Due				\$

Instructions for completing this form:

1. Fill out all information completely.
2. Staple all receipts to the BACK LEFT of this form.
3. All receipts must be itemized and include the store name and date of purchase
4. If your program allows meal reimbursement (it's your responsibility to verify this with your supervisor), then the reimbursement caps are: Breakfast - \$8.00, Lunch - \$10.00, Dinner - \$15.00. Snacks are not reimbursable.

Batch #: \_\_\_\_\_ Vendor#: \_\_\_\_\_

Contract #: \_\_\_\_\_ Cost #: \_\_\_\_\_ Acct#: \_\_\_\_\_ AMT: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_ Cost #: \_\_\_\_\_ Acct#: \_\_\_\_\_ AMT: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_ Cost #: \_\_\_\_\_ Acct#: \_\_\_\_\_ AMT: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_ Cost #: \_\_\_\_\_ Acct#: \_\_\_\_\_ AMT: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 11/2023