



REIMBURSEMENT JUSTIFICATION FORM

Date: _____

Employee Name: _____

Address: _____
Street

City State Zip Code

Purchase made at: _____ Address: _____
Vendor Name Street

State Zip Code

Item(s) Purchased: _____

Amount of reimbursement: \$ _____
(Do not include sales tax - we are tax exempt)

JUSTIFICATION FOR PURCHASE:
(State reason(s) for not following normal Purchasing procedures):

Signature of person requesting reimbursement: _____

Department: _____

Account Number: _____

Signature of person authorized to sign for this account number:

Please attach all receipts pertaining to this purchase to the back of this form and return the form to the Procurement Office.