# YVEDDI_bwlogo_vert.pngReimbursement Request

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Office/Center** |  |

|  |  |  |
| --- | --- | --- |
| **Item** | **Cost** | **Why Needed** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| Sub-Total | $ |  |
| Sales Tax/County | $ |
| **Total** | $ |

|  |  |  |
| --- | --- | --- |
| Was prior authorization given to purchase using personal funds? | | Yes  No |
| By Whom? |  | (Attach Invoices) |

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted by: |  | Date |  |
| Approved by:  (Program Director) |  | Date |  |
| Approved by:  (Assistant Executive Director) |  | Date |  |
| Approved by:  (Executive Director) |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program |  | Project |  |
| Budget Item: |  | | |
| Paid by Petty Cash Officer |  | Date |  |
| Receipt # |  | | |
| Bookkeeper |  | Date |  |
| Check Number |  | | |

8/2012 dr