# 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