

NON-EMPLOYEE REIMBURSEMENT FORM

NAME: _____

Address: _____

Phone #: _____

DATE	VENDOR	PURPOSE/DESCRIPTION	AMOUNT	Comp Tax?
*TOTAL:				

ALL ORIGINAL, ITEMIZED RECEIPTS MUST BE TAPED TO THE BACK OF THIS SHEET

I, the undersigned, do hereby certify under penalty of perjury that the materials furnished, services rendered or expense incurred is a true and correct expense; that the claim is just and due; and that I am authorized to purchase the items listed above.

Signature: _____ date: _____

Approved

Building: _____

Administrator signature: _____ date: _____

ACCOUNT CODE	AMOUNT
*TOTAL:	

***TOTALS MUST MATCH**