Expense Reimbursement Form

Today's Date 30-Jul-12

Employee Name:

Date	*Item: I.e., Supplies, Meals, etc.*	*Responsible Program*	*Amount*
		Total Expenses	-

Employee Signature

How to process this form:

1 Print and submit to your Supervisor or Program Director for approval.

2 *e-mail this to your Supervisor or the program Director for authorization. They will forward to j.brown.ccc@comcast.net*

Depending on which method you use above, e-mail to