**REQUEST FOR REIMBURSEMENT**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| DATE OF INVOICE  | DESCRIPTION |  AMOUNT DUE |
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 TOTAL

NOTE: Please attach proof of expenditure: receipts, statements, ect.

 SCRS will not process any reimbursement request without proof of expenditure.

ACKNOWLEDGEMENT AND DISCLAIMER

I certify that this is my actual expense

Employee Signature: Date:

 Name & Title

Signature of Supervisor: Date:

 Name & Title

When completed and signed by supervisor with receipts all paperwork is to be submitted to accounting office.