**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.