

REQUESTED REIMBURSEMENT

SALARY: _____

EQUIPMENT: _____

OTHER: _____

MILEAGE: _____

TOTAL: _____

ATTACHMENTS CHECKLIST (check all boxes that apply; please note the required items)

WORKER'S COMPENSATION ACCEPTANCE FORM (REQUIRED)

PAYCHECK STUBS (REQUIRED)

CHILD CARE RECEIPTS

MILEAGE LOG SHOWING ALL TRIPS

RECEIPTS FOR MISCELLANEOUS EXPENSES

OTHER: _____

APPROVED Date: _____

DENIED Date: _____

REASON FOR DENIAL: _____

TREASURER'S SIGNATURE

CHECK NO. ISSUED

DATE ISSUED