

**SUPPLIES AND/OR ENTERTAINMENT REIMBURSEMENT FORM**

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Recharge No: \_\_\_\_\_

Social Security No. \_\_\_\_\_

(for supplies only)

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Supplies/Event: \_\_\_\_\_

Amount to Reimburse: \$ \_\_\_\_\_

Purpose of Supplies/Event : \_\_\_\_\_

\_\_\_\_\_

List names of participants: \_\_\_\_\_

(Entertainment Only \_\_\_\_\_

Use Separate Sheet if necessary) \_\_\_\_\_

Authorized by  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please affix ORIGINAL receipts for all expenses, in date order, to an 8 ½ x 11 sheet(s) of paper, including credit card and/or bank receipts.

**Restaurant receipts must be itemized!**