



ACCREDITED SUPPORTS TO THE COMMUNITY

EXPENSE REIMBURSEMENT – MISCELLANEOUS CLAIMS

**NOTE: This form is to be completed for all expenses that are NOT related to travel
ALL RECEIPTS MUST BE ATTACHED**

Name: _____

Month: _____

Date	Description	Total Receipt Amount	Total Claimed Amount	Total Donated amount
TOTAL:				

FOR OFFICE USE ONLY		
Account	Department/Project	Total

Employee Signature

Immediate Supervisor Signature

Coordinator Signature

Executive/Services Director Signature

Program Area:	All Areas				Page:	1 of 1
Section:	Human Resources	R/R	Jul 1/12			
Sub-section:	Benefits					