

Expense Reimbursement Form

Employee Name:				
Supervisor Name:				
Department:				
Business Purpose:				

Itemized Expenses				
DATE	DESCRIPTION	UNIT COST	# OF UNITS	COST

			SUBTOTAL	
Note: Mileage reimbursement for personal car = \$0.58/mile			Less Cash Advance	
			TOTAL REIMBURSEMENT	

Don't forget to attach receipts!

Employee Signature	Date

Approval Signature	Date

*Reimbursement requests must be submitted within one week of the expense.
 *Original receipts are expected for all expenses. Requestor must sign receipts.
 *Reimbursements will be approved within 2 weeks of receiving the request.
 *TVSEF will not pay any expense submitted more than 30 days after the expense has been incurred.