

REQUEST FOR REIMBURSEMENT

NAME: _____ DATE: _____

ADDRESS: _____

PLEASE ATTACH RECEIPTS TO THIS REQUEST. NO REIMBURSEMENT WILL BE ALLOWED WITHOUT PROPER RECEIPTS (PROOF OF PAYMENT) AND PROPER APPROVAL. IMPS WILL NOT REIMBURSE FOR MICHIGAN SALES TAX. BE SURE TO TAKE THE EXEMPTION FORM WITH YOU HAVE THE PURCHASE MADE WITH THE SALES TAX EXEMPTED.

AMOUNT : _____

MISC. EXPENSE: _____

TEACHING SUPPLIES: _____

CONFERENCE EXPENSES:

REGISTRATION: _____

ROOM: _____

MISCELLANEOUS: _____

MEALS: _____

MILEAGE: (REIMBURSED AT CURRENT FEDERAL CENTS PER MILE)

<u>DATE</u>	<u>DESTINATION MILES</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER: (EXPLAIN BELOW)

PURCHASE ORDER #: _____

ACCOUNT NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVAL: _____ DATE: _____