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 EXPEMTION 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)

DATE	DESTINATION	MILES	AMOUNT

OTHER: (EXPLAIN BELOW)

_____

_____

PURCHASE ORDER #:_____
ACCOUNT NUMBER:_____

EMPLOYEE SIGNATURE:_____DATE:_____
APPROVAL:_____DATE:_____