



**COLLEGE OF EASTERN IDAHO**

**Reimbursement Form**

Expenses not related to travel

**Receipts must accompany Reimbursement Form**

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Purchase	Vendor	Explanation of Expense	Receipt Amount	GL Code to be charged
		<b>Total Reimbursement</b>		

Additional Explanation:

I hereby certify that the expenses in this reimbursement form are correct and just.

\_\_\_\_\_

Date

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Purchasing Approval

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor Approval

\_\_\_\_\_

Date

\_\_\_\_\_

Paid Approval