Section 1: De	partment Inforr	mation		
Organization/Dept:			Date:	
			E-Mail:	
	imbursement De			
Date	Description of Expensed I tems			Dollar Amount
			Tabal	
			Total	
		Accounting Allocat		
Fund	Org	Account	Activity	Dollar Amount
			T	
			Total	
Section 3: Au	thorization			
Approver Printed Name Signatu		gnature		 Date
Cash Funded				
	shier's Staff at the time of fun	ding.		
Received by Printed Name		Signature		Date
Receiver ID Number		sh Amount Received		