** CHFSC Reimbursement Form**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dates of Expense(s) | Payment Method | Purpose of Expenditure(s): Please give detailed reasons for all expenditures. |
| #1 |  |  |  |
| #2 |  |  |  |
| #3 |  |  |  |
| #4 |  |  |  |

Summary of Expenses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Description (Date, Details, Etc) | Supplies | Meals | Printing | Other | Sales Tax  Total | Total |
| #1 |  |  |  |  |  |  |  |
| #2 |  |  |  |  |  |  |  |
| #3 |  |  |  |  |  |  |  |
| #4 |  |  |  |  |  |  |  |
| Expense Report Total | |  |  |  |  |  |  |

**I certify these are valid business expenses and have attached all my receipts to this form.**

Reimburse/Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimburse/Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed these expenses and I believe they are true and accurate.

Approved by (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_