

ESU 6 Expense Reimbursement Request

Name: _____

Month/Year: _____

Date	Item/Explanation	Amount
Total Reimbursement Requested		

- * Fully itemize all expenses. Original receipts are required for reimbursement. Attach all receipts to the original request and submit.
- * Receipts are required for all cash expenditures greater than \$5.00 excluding parking or taxi costs which may be claimed up to \$10.00 without a receipt.
- * Employees may be required to provide documentation or rationale for costs exceeding this amount.
- * Tips for food servers should be kept to 15% of the meal charge.

Signature _____