



## OUT-OF-POCKET EXPENSE REIMBURSEMENT FORM

<u>DATE</u>	<u>PAID TO</u>	<u>EXPLANATION</u>	<u>AMOUNT</u>	<u>ACCT CODE</u>	<u>APPROVAL DATE</u>
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**GRAND TOTAL:** \_\_\_\_\_

**I CERTIFY THIS CLAIM IS TRUE AND CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED:**

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**PRINT NAME** **SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**