

Misc. Expense Reimbursement Voucher

NAME	DATE	
DEPARTME	NT	
	<u>ITEMS</u>	
		<u>AMOUNT</u>
a.	rm Expense (\$50 per calendar year) If paid by employee furnish a receipt copy If payroll deducted furnish a copy of the check stub	\$
a. 3. Other	Supplies exp. Pick up something for hospital i. Receipts required (please list below)	\$ \$
	(Receipts required) Total Expense	\$
	Received in Advance	\$
	Total Due	\$
Signature_	Dat	e
Approved		e
1.pp.0	Michael Huff, CEO	
Accounts Pa	Statement of Policy s should be supported by receipts. Expense vouche yable within 5 working days after expenses are occurred. e reimbursed by the 10th and 25th of the month.	er must be presented to