

DURHAM TECHNICAL COMMUNITY COLLEGE

REIMBURSEMENT REQUEST FORM

Internal Use Only

INSTRUCTIONS

1. Fill the form out completely for all non-trip related local mileage and other reimbursement requests.
2. The space designated for "Explanation" should include a brief description for each reimbursement request line.
3. Requester and supervisor must sign.
4. All documentation (receipts, invoices, canceled checks, etc.) should be attached. The original copy of documentation must be submitted including original invoices. We cannot pay from monthly statements. All receipts must include the vendors name and each receipt must indicate the item(s) purchased.

EMPLOYEE ID NUMBER: _____

EMPLOYEE NAME: _____

ADDRESS: _____

GL ACCOUNT CODE: _____

EXPLANATION OF REIMBURSEMENT

AMOUNT

| | |
|----------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL REIMBURSEMENT: | \$ _____ |

DATE

REQUESTED BY: _____

APPROVED BY: _____

FINANCE APPROVAL: _____

BUSINESS OFFICE USE

Commodity Code: _____

Pay By: ACH Check

Voucher ID: _____

Please email your completed form to accountspayable@durhamtech.edu for processing.