

**EMPLOYEE NON-TRAVEL REIMBURSEMENT REQUEST**

EXPENSE DATE:

EMPLOYEE NAME:

EMPLOYEE ID:

PROJECT NAME:

AMOUNT:

VENDOR:

PURPOSE:

Cash/Check: [ ]  Credit Card: [ ]

Itemized receipt attached: [ ]  CC receipt attached: [ ]

**Admin Use Only**

SPEEDCHART:

EXPENSE REPORT #:

DATE CREATED: