



REQUEST FOR REIMBURSEMENT FORM

Department: _____

Type of Refund:

- Employee Reimbursement
- Dept. Employee Recognition (DERP)
- Other – provide description: _____
- Petty Cash Custodian *only signature required below*

Name of applicant *who paid* and will *receive* payment:

Requested amount of refund: \$ _____

Reason for Reimbursement:

The undersigned, under penalty of perjury states: That the items as therein set out are true and correct, that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

Signature: _____

Date: _____

Department Approval:

Signature: _____ Date: _____

Comments: _____

