JC-24C

FACULTY SENATE
REIMBURSEMENT FORM

I, _____, request reimbursement in the amount of $_____ for the items purchased for use in my instructional area. The attached itemized receipts support my expenditure.

_____
SCHOOL NAME

_____
EMPLOYEE DATE

_____
FACULTY SENATE TREASURER DATE

_____
SCHOOL NAME DATE

Check Number _____
Date Paid _____
Amount Paid _____
Approved By _____