

What is required to be reimbursed for expenses

Invoice Identifier _____

Date of purchase _____

List of items		qty of items or services	\$ cost per Item	Total \$ per Item
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Vendor of Services or Items

Name
Address
Telephone #

Subtotal	\$
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Sales Tax	\$
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Total amount to be reimbursed

\$

Purpose of Purchase
