# Reimbursement Form

**Please provide a receipt for each expense for which you are requesting reimbursement.**

Name: _____ Email: _____

Address: _____

City/State/Zip: _____ Phone: _____

Travel Destination: _____

Travel Dates: _____ to _____

| Date | Description | Amount |
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**My Signature Certifies:**

- I have paid the amounts claimed and am entitled to reimbursement.
- The listed expenses are legitimate and allowable business expenses.
- I am not requesting reimbursement for expenses that have been or will be reimbursed by other sources.

**Signature:**_____ **Date:** _____