

# Community Outreach Expense Reimbursement Form

Name:

Date Submitted:

Program/Project Name:

Expense Details:

Date	Description	Category	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount:

Additional Notes or Explanation:

Receipt(s) Attached:

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Claimant Signature

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Date

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Approval Signature

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Date