HPJC Expense Reimbursement Form

Please <u>print clearly</u> when you fill out the blanks below, <u>print your name on each receipt</u>, and <u>staple originals of all receipts</u> to this form. Save copies of receipts for yourself. Please give completed form and receipts to HPJC treasurer or president.

Make rei	mbursement che	eck payable to:		////	,
Name: _	George Clo	oneyPhone	:317 555-555	5	
Address:	554 Oak Stre	eetCity:	Hoolywood	_State:TXZip:	_73001
the table requestin	below. If all itense reimbursemen	al from each receipt, if everythicms on a receipt are not reimburnt. For receipts that include iter items and recalculate sales taxed	rsable, then clear ms that are not re	ly mark the items for whi simbursable, clearly distin	ich you are nguish those
Receipt Date	Vendor/Store Name	Which project/activity is this for?	Dollar total of items for this project/event	Budget Item* or Organization Account	Approved (Treasurer or EC use)
11/2/2014	Office Depot	Adaptor cord for HPJC projector	\$27.05	Capital Equipment, Furniture, Software	
11/2/2014	Office Depot	Paper supplies for Awards Dinner	\$37.32	Awards Dinner	
10/3/2014	Pizza Hut	Awards Dinner Com. meeting food	\$15.13	Food at committee meetings	
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		-			
		Total Requested	\$79.50		
*Please o	contact HPJC tre	easurer if you do not know the l		for the expenditure.	
I certify to represent approve	that all of the abotative forthis reimbursemo	ove items are for HPJC project , an organiza ent.	s/activities; OR lation for which for	I certify I am the authoriz or which HPJC is holding	funds and I
Print Naı	me:George C	ClooneySignature:9eo			2014
	1.1	For Treasurer's and A			
		(Sign			1
If Total I	Cneck Requested and T	Amount \$ issued of the check amount do not mate.	on (date) h. please provide	explanations.	
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