

HPJC Expense Reimbursement Form

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

Make reimbursement check payable to:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List items bought (or total from each receipt, if everything on the receipt was for the same project/activity) in the table below. If all items on a receipt are not reimbursable, then clearly mark the items for which you are requesting reimbursement. For receipts that include items that are not reimbursable, clearly distinguish those items from reimbursable items and recalculate sales taxes (if paid). Continue on back of this form if needed.

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)
		Total Requested			

*Please contact HPJC treasurer if you do not know the budget category for the expenditure.

I certify that all of the above items are for HPJC projects/activities; OR I certify I am the authorized representative for _____, an organization for which for which HPJC is holding funds and I approve this reimbursement.

Print Name: _____ Signature: _____ Date: _____

For Treasurer's and Accounting use only

Approved by: _____ (Signature) _____ (Date) _____

Check # _____ Check Amount \$ _____ issued on (date) _____

If Total Requested and Total check amount do not match, please provide explanations.