



REIMBURSEMENT REQUEST

Date:

Describe Intended Use:

Project Name:

Requester Name:

Payable To:

Payee Phone:

Payee Address:

Purchase Date	Description	Expense Account	Department	Restriction	Amount
Total Reimbursement Amount					

Project Director Signature

Date

CT Finance Manager Signature

Date

CT Community Director Signature

Date

CT President Signature

Date