



ARCHDIOCESE OF AGANA

196 Cuesta San Ramon, Ste. B, Hagatna, GU 96910 **Tel:** (671) 472-6116 **Fax:** (671) 477-3519

REIMBURSEMENT REQUEST FORM

Name:

Date:

Department:

Please fill in the information needed. Attach Original Receipt with requestor's signature; Copies are NOT Acceptable; Make a copy of the receipt if printed on thermal paper; Secure approval from immediate supervisor or department head and submit to accounting office for processing.

Date	Description	Receipt No.	TRANSPORTATION								FOR ACCOUNTING DEPT. USE ONLY		
			No. of Miles	Rate	Mileage	Car Rental	Gas	Lodging	Meals	Others (Specify)	Total	Account Code	Class Code
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
EXPENSE DETAIL TOTAL											\$ -		

Requested By:

Date:

Approved By:

Date:

Notes:

FOR ACCOUNTING DEPARTMENT USE ONLY

Request Rcvd By:

Date:

Processed By:

Date:

Approved By:

Date:

Check No.:

Check Rcvd By:

Date:

Remarks: