

CG Reimbursement/Visa Report

Date _____

EMPLOYEE / PAYEE INFORMATION

Name _____

Mailing Address _____

Department _____

Reimbursement:

Visa Report:

check box

(for off campus individuals)

Attach ALL receipts to back of form

Distribute \$\$ amounts between categories below:

Required

Date	Vendor	Description	Supplies	Travel	fuel	Prof. Dev.	Entertainment	Misc.	Account #	Total
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Signatures required below:

Payee: _____

Notes: _____

Approval: _____

Subtotal	\$ -
Less Advances	
Total	\$ -