



Miscellaneous Reimbursement(s)

Name & Date					
Date	Items	How Many	Cost per item	Total	ACCT
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Total Reimbursement: \$ _____

*I certify that the item(s) purchased are for Southern State Community College business use.
Receipts must be attached*

Name

Signature (on line above) Date

Supervisor's Approval Date