

**Southern State Community College
Miscellaneous Reimbursement(s)**

Date	Item(s)	How many	Cost per item	Total for item(s)	Acct # to pay from

Total Reimbursement \$ _____

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

Name

Signature Date

Supervisor's Approval Date

9/22/11