

EARLHAM COLLEGE CASH REIMBURSEMENT FORM

PLEASE PRINT

Date _____

Name _____

Department Name _____

Activity _____

DEPARTMENT AND EXPENSE NUMBERS MUST BE COMPLETED

Department # _____	.9100 Postage \$ _____
_____	.9141 Travel \$ _____
_____	.9150 Meals \$ _____
_____	.9243 Phone \$ _____
_____	.9300 Supplies \$ _____
_____	.9490 Misc. \$ _____
_____	. _____ Other \$ _____
_____	. _____ Other \$ _____
_____	. _____ Other \$ _____
_____	. _____ Other \$ _____

Total \$ _____

I have reviewed and approve these charges.

Supervisor Signature _____

Supervisor printed name _____

Extension # _____

STUDENTS MUST SHOW ID TO RECEIVE CASH.

PLEASE ATTACH ALL RECEIPTS TO THIS VOUCHER

**ANY CASH REIMBURSEMENT OVER \$200.00 MUST
BE APPROVED BY THE CONTROLLER.**

CONTROLLER SIGNATURE _____