

# EARLHAM COLLEGE 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 \$ \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

PLEASE ATTACH ALL RECEIPTS TO THIS VOUCHER

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

CONTROLLER SIGNATURE \_\_\_\_\_