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 $ __________
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 ____________________________