

**Sarah J Webber Media Arts Academy
EMPLOYEE REIMBURSEMENT REQUEST**

Employee: _____

Department / Title: _____

Date of reimbursement request: _____

Expense date	Vendor	Description	Amount
TOTAL			

*****PLEASE ATTACH ALL RECEIPTS OR OTHER DOCUMENTATION SHOWING PURCHASE TO THIS FORM*****

Grant Expense? Yes or No

Grant: _____

Authorization: _____	Date: _____
Finance receipt: _____	Date: _____