College of the Atlantic
Expense Reimbursement Form

Detailed Description: _____

_____

Print Employee Name: _____

Date	Meals			Travel			Other	Total	Account
	Breakfast	Lunch	Dinner	Miles/Cost	Tolls	Other			
				/					
				/					
				/					
				/					
				/					
				/					
				/					
				/					
				/					
				/					
				/					
				/					
TOTAL									

☐ Expense Reimbursement

☐ Cash Advance $ _____

Expenses _____

ATTACH ORIGINAL RECEIPTS

Cash Reurned _____

Employee Signature Date

Supervisor Signature Date

Receipts must be turned in within 60 days to be reimbursed. Thank you!

ERF/030900