



## Employee Reimbursement Request

*Please paper clip receipts to this form!*

Employee Name: \_\_\_\_\_

<u>Date</u>	<u>Item or Mileage</u>	<u>Equip #/Job #/Other</u>	<u>Miles</u>	<u>Amount</u>
			<b>TOTAL</b>	\$ _____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other\* Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Other Signature Requirements: Job # - Estimator to sign; Equipment # - Kevin Kenow to sign; Safety items – Kevin Frey to sign; Marketing items – Heidi Sedlacek to sign; Training/Travel Items – Sarah.*

**Once above signatures are received, please drop off to Accounts Payable for processing.**

Final Approval – President Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Accounting Use Only**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check cut to employee (Check # \_\_\_\_\_)  Cash given to employee

Request Completed by Signature: \_\_\_\_\_