

PROFESSIONAL EXPENSE REIMBURSEMENT PAPER CLAIM FORM
 FULL-TIME FACULTY Tw -31.072 -1.435 (9 (T)-146AC)5.-President) for approval



DATE

EMPLOYEE NUMBER

EMPLOYEE EMAIL

SURNAME, GIVEN NAME

PHONE NUMBER

Expense
Category

Details
(Name of Association/ Supplier,
Business Purpose, Dates, etc.)

Books				
Computer Software				
Equipment				
Travel				
Supplies				
Total				\$

Signature of Claimant

Signature of Chair/Director/Dean/Vice-President

Name of Chair/Director/Dean/Vice-President
