



REQUEST FOR EMPLOYEE REIMBURSEMENT

Employee Information	
Name:	Vendor #:
Address:	
Address:	Department:
City/State/Zip:	P-CARD Holder Y/N:

All requests must be submitted within two weeks of purchase

Please provide a detailed description of the business purpose of each expense, provide a complete explanation of why personal funds were used in lieu of the standard City of Manteca procurement process (Request for payment, Purchase order or Cal Card) and attached an itemized receipt for each expense listed.

Date of Expense	Description of Expense	Receipt attached?	Amount
6/16/2016	<i>What was the expense? Why were personal funds utilized?</i>	Y	\$
Total Reimbursement Amount			

I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR A PURCHASE THAT I HAVE MADE THAT IS FOR BONA FIDE CITY OF MANTECA BUSINESS PURPOSE AND HAS NOT BEEN PAID VIA THE CITY CAL CARD NOR HAS BEEN PREVIOUSLY REIMBURSED AND ANY SERVICES OR EQUIPMENT PURCHASED SHALL REMAIN THE PROPERTY OF THE CITY OF MANTECA

Employee Signature _____ **Date** _____
I HEREBY APPROVE THE REIMBURSEMENT OF THE ABOVE EXPENDITURES

Department Director Signature _____ **Date** _____

