



ST. RITA of CASCIA HIGH SCHOOL

AN AUGUSTINIAN COLLEGE PREP SCHOOL

Veritas † Unitas † Caritas

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www.stritahs.com

EMPLOYEE EXPENSE REIMBURSEMENT FORM

Today's Date: _____

Employee Name: _____

Please provide dollar amount(s) and description:

Receipt 1:

Dollar Amount: _____ GL Account: _____ Description: _____

Receipt 2:

Dollar Amount: _____ GL Account: _____ Description: _____

Receipt 3:

Dollar Amount: _____ GL Account: _____ Description: _____

Receipt 4:

Dollar Amount: _____ GL Account: _____ Description: _____

Receipt 5:

Dollar Amount: _____ GL Account: _____ Description: _____

Department Head Approval: _____

Business Manager Approval: _____

(PLEASE ATTACH RECEIPTS TO THIS FORM TO EXPEDITE PROCESSING)