



Date: _____

Office Use Only: _____

KCHS Foundation Expense Reimbursement

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Itemized Expenses

Date:	Reason:	Receipt Attached?	Amount:

Total Reimbursement	
:	
<i>*Don't forget to attach receipts*</i>	

Employee Signature:	
Approval Signature:	

Account written from:	_____
Transfer from EJ?:	Yes / No Account Name: _____
Date EJ Called:	_____
Transfer entered into QB:	_____
Donor Approval if applicable:	_____