



# Expense Reimbursement Form

Name:

Address:

City, State, Zip:

VAREP Chapter:

Board Position:

Email Address:

Board Approve Date:

Expense Period

From:

To:

Business Purpose of Trip/Event Name

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -

**Don't Forget to Attach Receipts!**

Less Cash Advance

TOTAL REIMBURSEMENT \$ -

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Approval Signature Date

All requests for reimbursement must be received within 30 days of when expense occurred.