

REIMBURSEMENT

Date Submitted: _____

Submitted by: _____

Total Reimbursement: _____

DATE	STORE	SUBTOTAL	HST	TOTAL
TOTAL REIMBURSEMENT				

*If additional rows are needed, include second page of this form and write 'continued' in the Total column; Total Reimbursement row.

ADMIN:

Approved by: _____

Reimbursed on: _____

Reimbursed by: _____ Cash _____ E-Transfer _____ Cheque (Incl'd Chq #)

Employee's confirmation of receipt: _____ (Signature)