Item/Vendor

This is the name of the person being reimbursed or the credit card being reported for. i.e. visa 1234

Name:

Date

The Person completing the fo

Palmer Home for Children

Expense Report/Reimbursement Request

in being reinbursed of the credit card being			
	PAL		Page <u>1</u> of
orm. If the same as above – leave blank.		R CHILDREN	A=Administration D=Development
PO #	^{wa} Amount	Purposo	P=Program Account Designation
	Anount	Purpose	

PAGE TOTAL/CUMULATIVE TOTAL

Employee		Supervisor		
Signature:	Date	Signature:	Date:	

Instructions:

- 1. List expenditures in date order
- 2. Batch Palmer Home Credit Cards and cash receipts on separate forms. Personal credit card purchases are considered cash reimbursements. If no receipt, code NR by the amount claimed
- 3. "Date" is the day the expenditure was incurred; "Item/Vendor" is what was purchased and where it was purchased; "Purpose" indicates why it was purchased: "Account Designation" indicates what the purchase is being used for: Development, Administration or Program (Revised 9/12)

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Name:

The Person completing the form. If the same as above – leave blank.

Palmer Home for Children

Expense Report/Reimbursement Request

Page <u>2</u> of _____

A=Administration D=Development P=Program

Date	Item/Vendor	PO #	Amount	Purpose	Account Designation
	BALANCE BROUGHT FO	RWARD (IF ANY)			
	Cu	MULATIVE TOTAL			
Employe Signatur		Date	Super Signa		Date:

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Version Date 3/27/14



Where Hope Still Grows

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Name:

The Person completing the form. If the same as above – leave blank.

Palmer Home for Children

Expense Report/Reimbursement Request

Page <u>3</u> of _____

A=Administration D=Development P=Program

Where Hope Still Grows		
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PALMER HOME

FOR CHILDREN

Date	Item/Vendor	PO #	Amount	Purpose	Account Designation
	BALANCE BROUGHT FORWARI	D (IF ANY)			
	CUMULAT	VE TOTAL			
Employe Signatur		Date	Super Signat		Date:

Instructions:

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Date

The Person completing the form. If the same as above loave blenk

Palmer Home for Children

Expense Report/Reimbursement Request

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Account Designation

A=Administration **D=Development** P=Program

he form. If the same as above – leave blank. Where Hope Still Grows					
or	PO #	Amount	Purpose		
BALANCE BROUGHT FORWARD	(IF ANY)				

	CUMULATIVE TOTAL		
Employe Signature	e e:Date	Supervisor Signature:	Date:

Instructions:

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Name: _____

The Person completing the form. If the same as above – leave blank.

Palmer Home for Children

Expense Report/Reimbursement Request

Page <u>5</u> of _____

A=Administration D=Development P=Program

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PALMER HOME

FOR CHILDREN

Date	Item/Vendor	PO #	Amount	Purpose	Account Designation
	BALANCE BROUGHT FO	DRWARD (IF ANY)			
	Cu	MULATIVE TOTAL			
Employe Signatur		Date	Super Signa		Date:

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