

Reimbursement Name or Credit Card #:

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

Name:

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



PALMER HOME FOR CHILDREN

Where Hope Still Grows

Palmer Home for Children
Expense Report/Reimbursement Request

Page 1 of

A=Administration
D=Development
P=Program

Date	Item/Vendor	PO #	Amount	Purpose	Account Designation
					<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> P
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PAGE TOTAL/CUMULATIVE TOTAL					

Employee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

- Instructions:
- List expenditures in date order
 - 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
 - “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)
- Version Date 3/27/14

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					<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> P
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