

Cheque Request: Reimbursement for Expense

Today's Date _____

Payment Date _____

Payee _____

Cheque Number _____

Total Rquested _____

Account # _____

Date	Quantity	Description	km	KM*.35	Total Amount
Total					

Requested by _____

Please attach original receipt or bill. Requests for reimbursement should be submitted within two weeks of the date the expense was incurred.

