

**HERRON MAINTENANCE COMPANY
REQUEST FOR REIMBURSEMENT**

Name: _____

Department: _____

Department Chair Signature: _____
(Required only if reimbursement is requested prior to Finance Committee review and Board approval)

| Date | Description of Expense | Purpose | Amount |
|-------------|-------------------------------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL: _____

For Office Use Only:

Date Paid: _____

Check #: _____