



Expense Reimbursement Request

Employee / Driver Name (Please print)

Date (ie. January 1, 2016)

Payroll Period Start Date (ie. January 1, 2016)

Employee/Driver Signature (Please sign here)

Payroll Period End Date (ie. January 1, 2016)

***** Please attach all your receipts to this reimbursement request form. *****

Expense Date	Expense Location	Expense Description	Amount
Jan 23 2016	Husky, Saskatoon	fuel for bus 235	\$163.52
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
Total Amount:			

Office Use Only	
<p>Received by:</p> <p>_____</p> <p>Name _____</p> <p>Signature _____ Date _____</p>	<p>Reimbursement Paid by:</p> <p>direct deposit <input type="checkbox"/> exfer <input type="checkbox"/></p> <p>chq <input type="checkbox"/> cash <input type="checkbox"/></p> <p>chq # _____ date _____</p>