CISCO COLLEGE

Cisco College

Expense Reimbursement

Name of Employee_____

Budget Number_____

Dates	Description	Amount

Total expense reimbursement due to employee: $ 0.00

Address for check to be mailed:

_____

Mailing address

_____

City, State, Zip

Employee Signature _____ Date_____

Approver Signature _____ Date_____

Approver Name _____

Note – original receipts are required for expense reimbursement.

*approved reimbursement requests will be processed within 10 business days.

Updated 11-20-2024