

Expense Reimbursement Request

Payee Name _____

Expense Period Start Date

Payee Address _____

City _____

State _____

Zip _____

Expense Period End Date

Payee Signature Craig Ketter

Date _____

Business Purpose for Expenses

Expense Date	Expense Description	Amount
	Food: McDonald's	
	Food: Chevron	
	Fuel: Chevron	
	Food: Four Corners Union	
	Food: Texaco	
	Work Supplies: Ace Hardware	
	Food: McDonald's	
	Work Supplies: Lowe's	
	Work Supplies: Lowe's	
	Food: Terrible's	
	Fuel: Texaco	
	Work Supplies: Walmart	
	Food: Burger King	
	Food: Walmart	
	Food: McDonald's	
	Food: McDonald's	
	Food: Taco Bell	
	Food: Maya's Restaurant	
	Food: Burger King	
	Food: Burger King	
Amount:		

Office Use Only

Received by: _____

Reimbursement Approved:

Yes

Name _____

No

Signature _____

Date _____

Expense Reimbursement Request

Page 2

Expense Date	Expense Description	Amount
	Research Copies: La Paz County Recorder	
	Research (Maps): La Paz County Recorder	
	Work Supplies: Ace Hardware	
	Printing Fees: A Plus Mail Center	
	Food: McDonald's	
	Food: Riverwalk Deli	
	Food: Gift Shop	
	Food: Riverwalk Deli	
	Lodging: Bluewater Resort & Casino	
	Food: Riverwalk Deli	
	Fuel: Shell	
	Miscellaneous (Street Maps): Shell	
	Food: Shell	
	Food: Filiberto's	
	Fuel: Chevron	
	Food: Chevron	
	Food: Arco am/pm	
	Fuel: Arco am/pm	
	Car Rental: Enterprise	
	Work Supplies: Walmart	
	Subtotal Amount:	

Expense Reimbursement Request

Page 3

Expense Date	Expense Description	Amount
	, Agreement, Pg. 1 & 2,	
	Receipt, Business Card (Front), Card (Back)	