Employee Reimbursement Request

This form is NOT to be used for travel reimbursements.

State Org. Name: WV Northern Community College	**Employee Name:**
State Org. Number: 0489	
WVFIMS Document ID:	**WVFIMS Vendor ID:**

Qty	Description of Items Purchased	Unit Price	Total

Purpose of Expenditure:

Employee Signature and Date:	**Supervisor Signature and Date:**

NOTE: The person whom received these goods MUST be an authorized receiver and attach the completed Receiving Report.