

Employee Reimbursement Request

This form is NOT to be used for travel reimbursements.

State Org. Name: WV Northern Community College		Employee Name and home address:			
State Org. Number: 0489					
wvOASIS GAX ID:		wvOASIS Vendor ID:	wvOASIS Vendor ID:		
Qty	Description of Items Purchas	Description of Items Purchased		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.