Le Jardin Community Center, Inc.

Other Reimbursement Request

Pay To: _____

Dept : (Please check all that apply)

□ HS Delegate □ VPK □ USDA

□ EHS Grantee 1 □ EHS Grantee 2

□ EHS Grantee 3 □ Children's Trust

Date	Description	Type of Reimbursement	Total
		Total Reimbursement Requested	

Please use this form to request reimbursements for the following items:

- Per Diem*
- Tranportation (NOT Mileage)*
- Baggage*
- Certification (CLASS or Other) please specify
- Other (MUST be pre-approved)

_____

Approved by (Managers Signature)

I Hereby Certify that this reimbursement voucher submitted by me in the total amount of $_____, covering one or more of the items from the pre-approved list above, were actual expenses inccured while conducting business for Le Jardin Community Center, Inc., authorized under and pursuant to current Policies & Procedures.

_____

Signature of Employee

Reimbursement request MUST Include: ☐ This completed form, ☐ Notice to attend (if applicable), ☐ Proof of attendance, ☐ Original applicable receipts.

* these items are travel related and require additional information; please provide purpose, location and dates of travel.

Updated by Jennifer A. 06/22/22