Employee Reimbursement Request

This form is NOT to be used for travel reimbursements

State Org. Name:	Employee Name:
State Org. Number:	Vendor Address:
WVFIMS Document ID:	WVFIMS Vendor ID:

Qty	Description of Items Purchased	Unit Price	Total

Purpose of Expenditure:

Employee Signature: Date:	Supervisor Signature: Date: