

WINONA FAMILY YMCA

REIMBURSEMENT REQUEST FORM

Expenses must be pre-approved in writing by your supervisor, and paid for by the YMCA. In certain circumstances, an employee may pay for the expense and request reimbursement by submitting this form. The reimbursement must be pre-approved in writing by your supervisor before making the purchase. Reimbursement may take up to 30 days, depending on reimbursement type.

TODAY'S DATE: _____

PAY TO:

Name (please print): _____

Address: _____

REFERENCE:

____ Check request ____ Refund ____ Other (payroll – direct deposit)

DOCUMENTATION:

Must attach either:

☐ Invoice ☐ Receipt ☐ Proof of payment for a refund

DESCRIPTION (BE SPECIFIC):

CHARGE TO ACCOUNT NUMBER:

Department Number PCS Code Account Number

AMOUNT: \$ _____

SUBMITTED BY: _____

APPROVED BY: _____

Submit this form and supporting documentation to CEO