|  |
| --- |
| Date: |

 DYNAMIC YOUTH COMMUNITY INC.

**GENERAL EXPENSE REIMBURSEMENT** FORM

|  |  |
| --- | --- |
| Employee’s Name: | Modality: |
| Purpose/Event: |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | VENDOR | DESCRIPTION | AMOUNT**\*** |

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|  |  |  |  |
| Total Reimbursement: |  |

|  |
| --- |
| Staff Signature Date: |
| Supervisor’s Approval Signature: Date: |

**Note**: **\*** Expense Reimbursement Form ***must be accompanied by receipts*** for all transactions.