

# AMN REIMBURSEMENT AUTHORIZATION FORM

## DISBURSEMENT INSTRUCTIONS

**NAME/CHECK PAYABLE TO:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

Please Mail       Check Will Be Picked Up By:

## OFFICE USE ONLY

DATE RECEIVED

Bookkeeper  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Filing Code

Please attach all **RECEIPTS, INVOICES, ORDER FORMS**, or other forms of documentation to this completed form. No checks or payments will be authorized without proper documentation

## REQUEST FOR AUTHORIZATION OF: *(Please check one)*

### Check Disbursement

- Reimbursement
- Business/Professional Expense
- Travel Expense

### Expenses Included (Detail Must Be Listed Below)

- Airfare
- Auto Expense
- Postage
- Meals
- Per Diem (Use Current DOT Rates)
- Office Supplies/Expenses
- Lodging (Do not claim for Private)
- Telephone
- Other

DATE	ACCT NO.	DESCRIPTION	BUSINESS PURPOSE	AMOUNT	OFFICE USE

**Requested By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**Authorized By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DATE DUE:** \_\_\_\_\_