

# EXPENSE REIMBURSEMENT REQUEST FORM



Sigma Theta Tau International  
**Honor Society of Nursing**  
Zeta Phi Chapter

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE OF EXPENSE \_\_\_\_\_

Expense Type:   Cash            Please include all original receipts with request.  
                           Check          Include all original receipts and copy of canceled check (electronic copy is sufficient)  
                           Credit Card    Include all original receipts and copy of statement (electronic copy is sufficient)  
                           Other            Please describe: \_\_\_\_\_

**\*Note: Sales tax cannot be reimbursed due to the tax exempt status of the Zeta Phi Chapter.**  
 Prior to your purchase contact the Treasurer if you need a copy of the Tax Exempt Form.

**Expense Description**

**TOTALS**

Expense Description	TOTALS

**TOTAL REIMBURSEMENT REQUESTED** \_\_\_\_\_

Submitter  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**  
Budget Classification: \_\_\_\_\_

Submit Requests to:   Teresa Thorpe, Treasurer  
 1671 N. Laddie Ct.  
 Beavercreek, OH 45432-2456  
 teresathorpe@yahoo.com