



QUARTZ VALLEY INDIAN RESERVATION

M.E.R. NO: _____

DATE: _____

MISCELLANEOUS EXPENSE REIMBURSEMENT CLAIM FORM

PARTICIPANT INFORMATION:

Name: _____ Position: _____
 Address: _____

Description of Expense: _____

Program: _____ Line Item: _____

Actual Cost:	GL	FUND	DEPT	PROGRAM
	_____	_____	_____	_____
			Finance	

MISCELLANEOUS EXPENSE CLAIM

EXPENSE	AMOUNT	RECEIPT(S)	DESCRIPTION OF EXPENSE:
Merchandise			
Merchandise			
Postage			
Other:			
Fuel			

SUB TOTAL

Deduction or Additions

TOTAL CLAIM

Attach all receipts

 Name of Participant Date:

 Title

 Authorized Signature Date:

 Title