

## DEL MAR COLLEGE Reimbursement/Voucher Request

Purchased by:		Today's Date:
Department		Date of Purchase:
Colleague#:	Authorized by:	Title:

List of Items Purchased	Amount	Cost Center/Object Code
<b>Total:</b>		

**REASON FOR PURCHASE/NOT PURCHASING THROUGH PURCHASE REQUISITION PROCESS:**

**REIMBURSEMENT INFORMATION:**

Check should be made payable to:	
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Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson or Supervisor

\_\_\_\_\_ Date \_\_\_\_\_  
Dean or Vice President

*Receipts must be attached. Forward this form to the Business Office.*

**TO BE COMPLETED BY BUSINESS OFFICE:**

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Comptroller

Disapproved by: \_\_\_\_\_ Date \_\_\_\_\_  
Comptroller

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_