



Medical Appointments Employee Expense Reimbursement Form

Name of House Coordinator/Lead Staff: _____

Date: _____

* Note, purchases of \$10 or less will be reimbursed via Petty Cash *

Purchase (explain what was purchased and why)	Cost (\$)
Medical Appointment Expense Reimbursement	
Individual:	
Staff Name:	
Staff Signature:	
Date:	
Appointment Time:	
Was the Appointment Completed? Yes No	
Documents Submitted with Provider's Notes : Yes No	
TOTAL	

House Coordinator/Lead Staff Signature:

Date:

Supervisor's Signature: Director of Finance:

Date:

Date: