**REIMBURSEMENT REQUEST FORM**

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| --- | --- |
| **To:** |  |
| **From:** |  |
| **Date:** |  |

*\*\*Notes: Original receipts and completed forms to be submitted before 20th of each month for reimbursement at the end of the month.*

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| **For Employee’s completion: -** | **For Official Use** |
| **S/N** | **Description** | **Amount** | **Approved****Reimbursement** |
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|  | **TOTAL** |  |  |

**Prepared by: Approved By:**

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**Remarks:**

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