

**NORTHERN NEW MEXICO COLLEGE
BUSINESS OFFICE
NON-TRAVEL REIMBURSEMENT**

Department _____

Request Number _____
(Assigned by Business Office)

Name _____

Date _____

Address _____

Banner ID _____

Work Phone _____

I, _____ certify that the following receipts for expenses are correct and that payment therefore has not been received.

Date	Fund	Org	Line Item	Prog	Description	Amount
					(Not to Exceed \$100)	Total

SIGNATURES:

Employee

Date

Chair or Director

Date

Note: This type of reimbursement request should be submitted only for purchases made due to immediate and emergency circumstances. Pre-approval from the employee's manager must be obtained prior to purchase. The pre-approval, along with a written justification documenting why it was necessary for the employee to make the disbursement out of his or her personal funds, must accompany the request for reimbursement. **This reimbursement may not exceed \$100.00.**