

NON-TRAVEL REIMBURSEMENT

NORTHERN NEW MEXICO COLLEGE



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, and a written justification documenting why it was necessary for the employee to make the disbursement out of his/her personal funds, must accompany this request for reimbursement.

This reimbursement may not exceed \$100.00.

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