Purdue University -	County Extension	Offices			
Reimbursement Ap	proval Form				
(to be used when reimb	ursing non-Purdue em	ployees)			
Requestor:				_	
Date Requested:					
Check # :					
List Items for Reimbursement:				_	
Mileage:	# of Miles	Mileage Rate	Reimbursement Amount \$	\$	-
Total Amount Requested:					
County Director Approval Signature:				_	
Please file this approved - This form does not ned	I form with Receipt and ed to be sent to the Bu an non-Purdue individ	ual for services, a Substitute W	ails.	etc.	