DEPARTMENT OF JUVENILE JUSTICE

REIMBURSEMENT VOUCHER
For Expenses Other Than Travel

Pay To: _____
HQ Address: _____
_____
Circuit: _____

Org. Code/E.O. _____
People First ID# _____
Date: _____

Receipts for all items $1.00 and over must accompany this Voucher

DATE	ITEM	PURPOSE	AMOUNT
		TOTAL	$0.00

I do solemnly swear (or affirm) that the amounts, scheduled above are just and true in all respects and were expended by the Individual named for state purposes and the reimbursement has not been received.

Requestor's Signature: _____
Title: _____
Telephone: _____

Supervisor's Signature: _____
Title: _____
Date: _____
Telephone: _____

Revised 1/07

Save As

Reset/Clear Form