



The POGIL Project
Expense Approval and Reimbursement Request

EXPENSE APPROVAL:

Date of Request: _____

Requested by: _____

Estimated Expense	Description

Expense approved by: _____ Date: _____

Purchase(s) made on: _____ POGIL credit card _____ personal credit card/cash

EXPENSE REIMBURSEMENT (for purchases made with personal credit card/cash):

Amount to reimburse: _____ (attach copies of all receipts)

Payable to: _____

Mailing address: _____

Approved by: _____