Paris College of Art

Reimbursement Form

Attach receipt(s) on the reverse side of this form or on a separate sheet of white paper. Highlight the date and amount on each receipt. For partial receipt(s), circle items and write the total amount on the receipt.

Date	Description and Intended Use	Category	Cost
		Total	

Requested by: _____ Department: _____

(Signature) _____ (Date) _____

Course Title/Course Code (if applicable): _____

Checked by Manager:

(Signature) _____ (Date) _____

Checked by Financial Controller:

(Signature) _____ (Date) _____

Reimbursement by: (check one box)

☐ check ☐ wire transfer