



NEW HORIZONS REGIONAL EDUCATION CENTERS  
REQUEST FOR REIMBURSEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Amount of Purchase: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature - Person Making Request*

\_\_\_\_\_  
*Signature - Principal or Supervisor*

\_\_\_\_\_  
*Signature - Finance Officer*

**Original receipts must be attached in order to complete reimbursement**