

City of Brockton Employee Expense Reimbursement Form

Please fill out the form completely and attach all appropriate receipts. Please refer to the expense reimbursement procedure document.

Date of payment _____
Department _____
Submitted by _____
Phone _____
Email _____
Department Head _____

Description of Purchases	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
Total	_____

Department Head Signature _____

I certify that the above reimbursement is an allowable expense that has been reviewed and approved for payment.