T460 - Requests for Reimbursement/Expected Expenditures

for: _____
(Please print name here)

Please issue: $ _____   Check   (circle one)   for the following expenditure.
                                  Cash
                                  Credit

_____
_____
_____
_____
_____

Signature: _____

Date: _____

Date Required: _____

If Credit,   disposition of
             Funds:

Please attach receipt(s) here