



# Oklahoma State University Oklahoma Cooperative Extension Service Reimbursement Request County Extension Center

### Pre-Purchase Request

Name of person requesting reimbursement:

Date & Name of Meeting or Event:

Item Description for Meeting or Event:

Purpose/Educational Reason:

Estimated Amount:

Approved minutes from meeting or approved yearly budget provided:  Yes  No

Pre-purchase approved:

Yes  No Leader/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No CED Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Post-Purchase Check Request

The above pre-approved items have been purchased. I, \_\_\_\_\_, request a reimbursement check in the amount of:

I have attached the itemized receipt showing date of purchase and items purchased.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
For Office Use:

Check #

Date Check Issued:

Category:

Memo:

Educational Purpose: