



# Employee Reimbursement Request

Please do not use this form for travel reimbursements.

<b>State Org Name:</b>	<b>Employee Name:</b>
<b>State Org. Number:</b>	<b>Vendor Address:</b>
<b>wvOASIS GAX ID:</b>	<b>wvOASIS vendor ID:</b>

Quantity	Description of Items	Unit Price	Total

<b>Purpose of expenditure:</b>	
<b>Employee signature / date</b>	<b>Supervisor signature / date</b>