Employee Reimbursement Request

Please do not use this form for travel reimbursements.

State Org Name:	**Employee Name:**
State Org. Number: 0485	**Vendor Address:**
wvOASIS GAX ID:	**wvOASIS vendor ID:**

Quantity	Description of Items	Unit Price	Total
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
	Total Employee Reimbursement		

Purpose of expenditure:	
Employee signature / date	**Supervisor signature / date**