



Date:		Requester Name:					
Project Name:		Payee Phone:					
Payable To:							
Payee Addres	ss:						
Purchase Date	Description		Expense Account	Department	Contract or Grant	Amount	
Total Reimbi	ursement Amount						
oject Director Signature		Date	CT Finance Manager Signature				Date
Community [	Director Signature	Date	CT President Signature				Date