



Expense Reimbursement Form

Please complete and mail to
 Shanaysha Sauls at:
 3008 E. Baltimore Street
 Baltimore, MD 21224

Project/Activity/Program: _____ Bill to Grant: _____

Original Receipts/Invoices Attached ? _____

Date	Description	Vendor	Amount

Total: _____ \$

Make Check
 Payable to: _____

Send Check to: _____
 Signature of
 Requestor: _____

For Office Use Only	Authorized by: _____ Date Check Issued: _____ Check #: _____
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