Revised 1/2010

REQUEST FOR REIMBURSEMENT FOR EXPENSE INCURRED

State of Alabama
Alcoholic Beverage Control Board
Montgomery, AL

Division: _____ Date: _____

District: _____ Pay from funds: _____

Store: _____ Official Base: _____

Employee: _____ SSN _____

Address: _____ Classification: _____

City: _____ State: AL Zip Code: _____ Email: _____

Itemized Expenses

Date	Description	Category	Cost

By signing, I certify that to the best of my knowledge the information I have provided herein is accurate and true.

Subtotal	
Less cash advance	
TOTAL EXPENSES	

_____ _____
Employee's Signature Date

_____ _____
Department Head Approval Date

Sworn to and subscribed before me this the _____ day of _____, 20 _____ .

Notary Signature: _____

My commission expires: _____

Print Form