



# Employee Reimbursement Request

Please do not use this form for travel reimbursements.

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

Quantity	Description of Items	Unit Price	Total

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