

# ERC Reimbursement Form

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Itemized Expenses

DATE	DESCRIPTION	GROUP	AMOUNT
TOTAL REIMBURSEMENT			\$0.00

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**Don't forget to attach receipts!**

Signature \_\_\_\_\_ Date \_\_\_\_\_

ERC Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_