

**ATTACHMENT B**  
**Oregon Executive Development Institute**  
**Reimbursement Request Form**  
**(RECEIPT/S REQUIRED)**

1. Name: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date	5. Description of Expense	6. Amount
	7. Total	

I certify that all reimbursements claimed reflect actual amounts spent, that no part thereof has been claimed or will be claimed from any other source.

8. Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

I certify that this is an allowable expense and authorize payment.

9. Approved By

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

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

Title: \_\_\_\_\_

**Instructions:** Obtain authorized approval for expenditure  
Complete reimbursement form  
Attach receipt/s  
Submit to Treasurer for reimbursement