APPROVAL FORM FOR EMPLOYEE REIMBURSEMENT

I am the employee's immediate supervisor or a superior of the employee.

| | I approve the reimbursement of _ | | for |
|--------------------|----------------------------------|---------------|-----|
| | | Dollar Amount | |
| | | | |
| | | | |
| | Employee Name | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signed: | | | |
| | | | |
| | | | |
| Printed Name/Title | | | |
| | | | |
| | | | |
| Signature | | | |
| | | | |
| | | | |
| Date | | | |