

**EXPENSE REIBURSEMENT WORKSHEET**  
**MARICOPA AGRICULTURAL CENTER**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**VENDOR:**

\_\_\_\_\_ \$ \_\_\_\_\_

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\_\_\_\_\_ \$ \_\_\_\_\_

**PLEASE ATTACH ORIGINAL ITEMIZED RECEIPT**

**ACCOUNT NUMBER:** \_\_\_\_\_

**BUSINESS PURPOSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE OBTAIN PI SIGNATURE AND SUBMIT FORM TO JULIE CAMPBELL**

\_\_\_\_\_

**ACCOUNT PI APPROVAL SIGNATURE**