

CITY OF LITTLE ROCK

Reimbursement Request

Employee Name: Date:

Dept./Division: Vendor #:

Reason for Expenses: Invoice#:

#	Date	Vendor	Description	Amount	Acct Unit	Account	Activity

Total:

Employee
Signature: _____

Dept.
Director: _____

City Mgr.
Signature: _____

(If Applicable)

Total Amt. for Each Acct. Unit/Account:			
Amount	Acct Unit	Account	Activity