



P.O. Box 709028, Sandy, UT 84070
 Non-Profit Organization under IRS code 501(C)(3); Federal Tax ID # 26-0767943
 Web: <http://www.taofu.org>

Expense Reimbursement Form

Expense Reimbursement Number: _____ [TAU official use only] (sample format "ERYYYMM_##")

From: _____

Contact phone number: _____

Date submitted: _____

S. No	Bill/Receipt Date	Expense Details (Item Name, purpose, etc)	\$ Amount	\$ Tax
Total:				

*** Note: Please submit the appropriate bills along with this form.

TAU official use only:

Expense reimbursement form submitted to _____ on _____

Expense reimbursement form reviewed and approved by _____

Reimbursed \$ _____ by Cash / Check [check# _____ dated: _____] on _____