Pacific Facility Solutions, Inc.
(360) 224-0192
PO Box 5751 Bellingham, WA 98227

Employee Expense Reimbursement Request Form

All expenses must be sumbitted for reimbursement no longer than 60 days after they are incurred and have manager approval prior to purchase.

Employee Name: **Employee Contact Phone:**

Expenses		Expenses will not be reimbursed without receipts, please attach to this form		
Date:	**What was purchased**	**From Where**	**Cost**	**Job**
		Total Out of Pocket Expenses	$	

Employee Signature **Date**

Manager Signature **Date**