

UNIVERSITY OF TEXAS HARRIS COUNTY PSYCHIATRIC CENTER  
EMPLOYEE RELATIONS COMMITTEE  
CASH EXPENDITURE REIMBURSEMENT SHEET

Date: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Expenditure: \_\_\_\_\_

Amount Returned: \_\_\_\_\_

**(Please attach all receipts)**

Requested by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

One signature below is required for authorization:

Authorized by: \_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Co-Chairperson

Advancement       Reimbursement

Reimbursement received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursed by: \_\_\_\_\_ Date: \_\_\_\_\_

(forward completed form to ERC Treasurer)

