



Form Rev. 2013-05/1

Expense Claim Form

All claims for reimbursement must be submitted no later than 30 calendar days following the date of the expense. All claims must be supported by adequate documentation. For more information, see our expense reimbursement policy at http://wikimediacdc.org/wiki/Expense_reimbursement_policy

Name _____ Date _____

Address _____

Phone Number _____ Summary _____

Description	Amount	Budget Authority (Office Use Only)
TOTAL		

Office Use Only	
Expense Claim No. _____ - _____	
(Year)	(Unique ID)
Receiving Officer _____	Date _____
Approval _____	Date _____
Payment disbursed on _____	via _____