ASUH CLARIFYING LINE ITEMS FORM

Receipt #: _____

_____

Name of Individual/Organization that purchased the item(s)

_____

Name of Individual/Organization requesting reimbursement

Vendor	
Date of Receipt	
Amount being reimbursed from Receipt	

ITEM #	EXPLANATION	QTY	ITEM AMOUNT

Subtotal: _____

Tax: _____

Receipt Total: _____