



Employee Reimbursement

TODAY'S DATE

Make Payment To

FIRST NAME	MIDDLE INITIAL	LAST NAME	Personnel Number
DIRECT DEPOSIT YES NO		Special Request	Email

Expense Details

DESCRIPTION	AMOUNT	CURRENCY
Attachment Enclosed	TOTAL \$	

Business Meals (All business meals require itemized receipt)

Attendees (Employees)	Attendees (Employees)	Guest (Non-JHU)

Charge / (Credit)

AMOUNT	Cost Center	Internal Order Number	Fund	Project/Grant
\$				
\$				
\$				

Signatures

Important: Requests for reimbursement must comply with our reimbursement policy, including expense reimbursement deadlines.

EMPLOYEE NAME (PRINT NAME)	DATE	SIGNATURE
DEPARTMENT APPROVER (PRINT NAME)	DATE	SIGNATURE

Send the original, signed form ECE, 3400 N. Charles Street, Barton Hall 105, Baltimore, Maryland 21218 via interoffice mail or email finance.ece@jhu.edu . Processing takes about five business days.
 Questions? Contact the departmental office at (410) 516-7031 or email contactece@jhu.edu.