



USAGSO-Spangdahlem

### Reimbursement Form

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Request for the following expense(s):

_____	€ _____	\$ _____
_____	€ _____	\$ _____
_____	€ _____	\$ _____
_____	€ _____	\$ _____
_____	€ _____	\$ _____
Totals	€ _____	\$ _____

Euro to dollar conversion rate: \_\_\_\_\_ Date of Conversion: \_\_\_\_\_

€ \_\_\_\_\_ to \$ \_\_\_\_\_ **Total Reimbursement Request:** \$ \_\_\_\_\_

Reason for reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
OCMT Signature

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Issue Date

**ALL RECEIPTS, AND/OR SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS FORM BEFORE REIMBURSEMENT WILL BE ISSUED.**