Employee Reimbursement Request

Please do not use this form for travel reimbursements.

State Org Name: Mountwest CTC	**Employee Name:**
State Org. Number: 0444	**Vendor Address:**
wvOASIS GAX ID:	**wvOASIS vendor ID*:**

***Contact Business Services for Vendor ID**

Quantity	Description of Items	Unit Price	Total

Purpose of expenditure:	
Employee signature / date	**Supervisor signature / date**