



Reimbursement to City of West Des Moines

Name _____

Department _____

Details of Purchase:

Place of Purchase _____

Date of Purchase _____

Amount of Purchase/Reimbursement _____

Personal purchase on PCard in error

Sales tax not waived

Other

General Ledger account _____

Allocate the purchase as usual. Provide the GL account number to which you allocated that purchase.

Your payment will be applied to the same GL resulting in net \$0 change to your dept's budget.

Attach this completed form and the original receipt as supporting documentation for a PCard purchase.

Submit form, original receipt and payment to the Finance Dept- Attn: Accounts Receivable

(Attach check here)

Signature _____ Date _____