



Company: THE LAGUNA CREAMERY, INC.
Department: _____
Covered Date of Travel: _____
Purpose: _____

SUMMARY OF REIMBURSEMENT

Date: Date indicated in the supporting documents.

Cost Center: Cost center where the expenses should be charged.

Document Number: Invoice Number/QR number for each supporting document.

Payee: Name of supplier/vendor who received the cash.

Description: Short text about the transaction.

Expense Account: Identify the type of expense account applicable for each transaction

Prepared by:

Approved by: