

WAYNE COUNTY REQUEST EXPENDITURE REIMBURSEMENT OR INTER-AGENCY TRANSACTION

EXPENDITURE REIMBURSEMENT

INTER-AGENCY TRANSACTION

TRANSACTION AMOUNT: _____

DEBIT:

<u>AMOUNT</u>	<u>GEMS ACCOUNT NUMBER</u> (Do not use account abbreviations)	<u>ACCOUNT DESCRIPTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL DEBIT AMOUNT		_____

CREDIT:

<u>AMOUNT</u>	<u>GEMS ACCOUNT NUMBER</u> (Do not use account abbreviations)	<u>ACCOUNT DESCRIPTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL CREDIT AMOUNT		_____

Justification for request: _____

(Documentation must be attached)

Requested by: _____

Department: _____

Date: _____