

State of Louisiana
Office of Technology Services
Miscellaneous Expense Reimbursement Form
Release date 11/16/2015

Agency: OTS				Date of Request:	Purchase Date:	Total Purchase Amount:
Agency #:	Cost Center/Org:	Object:	RCAT:	Sub Object:	Amount:	
Agency #:	Cost Center/Org:	Object:	RCAT:	Sub Object:	Amount:	
Agency #:	Cost Center/Org:	Object:	RCAT:	Sub Object:	Amount:	
Description of Purchase: 						
BUSINESS REASON FOR PURCHASE (MUST BE COMPLETED)						
Employee Name:			Employee ID Number:		Employee Mailing Address:	
FOR OTS OFFICE USE ONLY						

Submitting Supervisor Signature

Date

OTS CIO/Deputy CIO/Authorized Signee Signature

Date