

EXPLANATION OF PURCHASES
OF GASOLINE, OIL, AND/OR REPAIRS

TO: Motor Pool Services

FROM: _____ MTSU ID Number _____

DATE: _____ Travel Advance Number _____

Select one: In-State trip _____ Out-of-State trip _____

Employee reimbursement requested:

Date of Purchase _____

Amount of Purchase _____ Attach receipt(s)

Purchase of: (circle one) gas, oil, repairs, other _____

Was this purchase an emergency? _____ Yes _____ No (check one)

Explanation of emergency (include time of day/night, distance from MTSU.)

Requested reimbursement to _____

Name (please print)

Signature of requester

Approved _____

Motor Pool Services