

## Fleet Services

255 Sterrett Drive (0519) Blacksburg, Virginia 24061

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## REIMBURSEMENT FORM

Today's Date:	
Customer Name:	
Campus Telephone Number/Mail Code	
Campus Address:	
Virginia Tech ID:	
Brief Description of Circumstance:	······································
·	ere incurred by me and are necessary and appropriate I acknowledge that the goods purchased become the
OFFICIAL USE BY FLEET SERVICES	
Reservation #	<u> </u>
Vehicle #	Comments "Reimbursement"  Operations (Fuel) Posted
License #	Date
Odometer	Initials
Dollar amount	-