

**REQUEST FOR REIMBURSEMENT  
FOR EMERGENCY PURCHASES**

**Mail Request To:**   **Transportation Services**  
                          **Central Motor Pool**  
                          **PO Box 233**  
                          **Trenton, NJ 08625-0233**  
                          **Attention: Thomas Mantel (609) 984-4323**

<b>Agency Name:</b>	
<b>Agency Address:</b>	
<b>Agency Contact Name:</b>	
<b>Driver's Name:</b>	
<b>Home Address:</b>	
<b>Employee ID #:</b>	
<b>SG License Plate #:</b>	
<b>Total Amount of Request: \$</b> <span style="float: right;"><i>(NOTE: Original Receipt <u>MUST</u> be attached to this form)</i></span>	
<b>Reason for Emergency Expenditure:</b>	
<b>Supervisor's Approval:</b>	<b>Date:</b>

**NOTE: Please be sure receipts are dated within one fiscal year (July 1 to June 30)**