

BURLINGTON-EDISON SCHOOL DISTRICT NO. 100

Employee Reimbursement Request Form

Please attach **original** receipts

All Travel/Conference related expenditures, please use the Travel and/or Expense Reimbursement Form.

Employee Name: _____	Location: _____
Mailing Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ City _____ State _____ Zip Code </div>	Date: ____/____/____

General Reimbursement			
Date	Full description of Expense -“Where, What, Why” Attach Original Receipts to the back	Account Code	Expense Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Grand Total			\$

<p>Certification: I hereby certify, under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I also certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flyer miles or other personal gift points for expenses that are being reimbursed by the Burlington-Edison School District as a direct result of any or all expenses incurred. Please have all items shipped to school or district building. DO NOT SHIP ITEMS TO YOUR HOMES.</p>			
	____/____/____		____/____/____
Employee Signature	Date	Supervisor Signature	Date