



## **Expense Reimbursement Form**

**Purpose:** To be reimbursed for purchases made on behalf of the school district. DO NOT USE THIS FORM FOR MILEAGE REIMBURSEMENT.

**Complete form as follows:**

*Date* - Enter the date on your receipt or the date of purchase

*Item Purchased & Reason for Purchase* - Enter a clear, concise description of the item(s) or service purchased and why the purchase- was needed.

*Budget Code* - Enter the multi digit account/budget code- if you are not sure of the code please ask your building Administrator/Principal or Admin. Assistant.

*Amount* - Enter the amount from your receipt. Please remember that schools are exempt from State sales tax therefore we will not reimburse you for any sales tax paid. Please see your school administrator for the school's tax exempt number before making purchases.

*Strategy#* - Some grant expenditures require a strategy number. Please ask your building administrator if your purchase requires a strategy number.

*P.O.#* - If you have a purchase order on the system for this expense please reference the purchase order number in this field.

Attach original receipts to the form, and make sure they match the amounts listed on the form. Copies will not be accepted.

**Please Note:** All receipts must be originals, itemized, **readable**, dated, and include how item was paid for (i.e. cash, credit card, debit card, check).

If the form is not complete it will delay your reimbursement.