

**BOZEMAN SCHOOL DISTRICT #7  
NON-TRAVEL EMPLOYEE PERSONAL REIMBURSEMENT**

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE(S) OF ACTIVITY OR PURCHASE: \_\_\_\_\_

SCHOOL OR DEPARTMENT: \_\_\_\_\_

DESCRIPTION FOR THE REIMBURSEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPENSES CLAIMED: (PLEASE ATTACH RECEIPTS)

MATERIALS & SUPPLIES FOR REIMBURSEMENT \_\_\_\_\_

\_\_\_\_\_

TOTAL REIMBURSEMENT FOR EXPENSES: \$ \_\_\_\_\_

TOTAL DUE EMPLOYEE: \$ \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNTING INFORMATION: (ACCOUNT CODES)

BUDGET ACCOUNT CODE	AMOUNT
_____	\$ _____
_____	\$ _____