

# EMPLOYEE PURCHASE REIMBURSEMENT REQUEST

ISD 241 - Albert Lea Schools

EMP ID # \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note that ALL reimbursements will be processed through PAYROLL.**

| DATE         | EXPLANATION | ACCOUNT CODE | AMOUNT |
|--------------|-------------|--------------|--------|
|              |             |              |        |
|              |             |              |        |
|              |             |              |        |
|              |             |              |        |
|              |             |              |        |
| <b>TOTAL</b> |             |              |        |

**REMEMBER TO ATTACH NECESSARY DETAILED RECEIPTS AND SUPPORTING DOCUMENTATION**

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

The effect of this verification shall be the same as if subscribed and sworn to under oath.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Supervisor Signature

\_\_\_\_\_  
Date

**PLEASE FORWARD SIGNED AND COMPLETED FORM TO THE PAYROLL DEPARTMENT**