



Employee Expense Reimbursement Form

*** For Employee Use Only ***

Date

Employee Legal Name

Employee Address

Employee City, State, Zip

Expense Reimbursement Summary										
Date	Vendor	Description	Account Code(s)							Amount
			FD	E	ORG	PRG	CRS	FIN	OBJ	
Total Expense Reimbursement									\$	-

Instructions: Employee completes form, prints, signs, and submits to Supervisor. Supervisor reviews, approves, and forwards form and supporting documentation to the Finance Office. Please submit reimbursement requests within 30 days of purchase(s) made.

NOTES:

- *Completion of form requires no purchase order
- *Complete one line per receipt unless multiple codes are used
- *Reimbursed expenditures must meet Board policies and guidelines
- *Alcoholic beverages are NOT reimbursable
- *Attach original itemized receipts for each item
- *Tax is not reimbursable, except while traveling, the purchase of meals and lodging is reimbursable
- *Submit within 30 days of purchase(s) made

I certify the expense(s) listed is an authorized and actual business purpose expense for White Bear Lake Area Schools ISD 624.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

(Revised 11/20)