



Expense Reimbursement Request Form

Employee Name (printed): _____

Building: _____

Date: _____

Reimbursement Details:

PO# _____

List Purchases Below (receipts to support each item must be attached):

| Vendor: | Item(s) Purchased: | Amount (less tax): |
|------------------------------|--------------------|--------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Reimbursement Request: | | \$ |

This form must be accompanied by detailed receipts and proof of payment. Sales tax is not reimbursable. A PO must be in place prior to any purchase. Reimbursement requests must be submitted in a timely manner.

Employee Signature: _____ Date: _____

Building Principal: _____ Date: _____

Superintendent: _____ Date: _____