Saint Paul
PUBLIC SCHOOLS

EMPLOYEE REIMBURSEMENT FORM

*SPPS employee should not purchase goods and services on behalf of the District with personal funds.
*Reimbursement requests should not exceed $250.00.
*Please include proper supporting documentation (receipt; invoice) and purpose of the purchase.
*Submit the form within 30 days of purchase.
*Employee and Supervisor **must** sign and date reimbursement report.

EMPLOYEE NAMES:

EMPLOYEE ADDRESS:

CITY, STATE, ZIP:

Date	Purpose	Amount
	TOTAL	$ 0.00

I hereby declare that the information provided is true and correct.

EMPLOYEE'S SIGNATURE: **DATE:**

SUPERVISOR'S SIGNATURE: **DATE:**