

Mattawan Consolidated School Employee Expense Reimbursement Form

Completed by: Employee requesting reimbursement for ***non-conference*** expenses

Approved by: Principal or Activity Account Treasurer

- Attach **original ITEMIZED** receipt(s) for review and approval
- **DO NOT INCLUDE SALES TAX**-the school district is tax exempt and will not reimburse sales tax for any items purchased
- Completed form is **due to Central Office by the 5th of the following month** the expense(s) occurred.

General Expense Detail:

Purchase Date	Business	Description	Amount
		Total	

Employee Requesting Reimbursement:

Printed Name	
Signature	

I represent that the information provided above to this claim is true and accurate. I agree to provide all information that administration requests in connection with the processing of this reimbursement.

Approval Signature (principal/activity account treasurer):

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ASN#	Amount
Total	

CENTRAL OFFICE USE ONLY:

DATE RECEIVED: _____

APPROVAL: _____