



AGUA DULCE ISD REIMBURSEMENT FORM

Business Office

Employee Name: _____

Campus: _____

Date	Description	Amount
	Total:	

JUSTIFICATION OF EXPENSES: _____

RECEIPTS MUST BE ATTACHED TO THIS FORM

For non-meal reimbursement, the school district will not reimburse sales tax. Please make sure it is not included in the above amounts.

I affirm that the above purchases were made for school purposes, and the amounts reported are accurate to the best of my knowledge.

Employee Signature

Date

All employee reimbursements require authorization prior to the expense(s) being incurred. The account code(s) to be used when reimbursing and the signature of the budget manager must be provided below.

Account Code(S)

Amount

X

EUGENIA VALLES CADENA
CFO/BUSINESS MANAGER