Plainville Public Schools Expense Reimbursement Form

Employee Name:	
Employee Mailing Address:	
Supervisor Name:	
School/Department:	

Submission Checklist:
• Completed reimbursement form
• Proof of payment
• For Coursework: Academic transcript and an official university statement showing itemized course costs and payments received
Reimbursements will be processed weekly.

DATE	DESCRIPTION & PURPOSE	COST
	TOTAL REIMBURSEMENT	$0.00

Employee Signature Date

Supervisor Signature Date

(for course reimbursement, reimbursement approval is signed by the Business Administrator)