

# EXPENSE REIMBURSEMENT FORM

PRINT EMPLOYEE NAME \_\_\_\_\_ BUILDING & DEPT. \_\_\_\_\_

ACCOUNT to be determined by Building Administrator \_\_\_\_\_

## ITEMIZED EXPENSES

(This form is NOT to be used for mileage/travel costs – attach store receipts only)

DATE	STORE	DESCRIPTION OF PURCHASE	COST

TOTAL DUE EMPLOYEE \$ \_\_\_\_\_

***Don't forget to attach receipts!!***

\_\_\_\_\_  
Employee signature Date

\_\_\_\_\_  
Supervisor / Building Approval Date

\_\_\_\_\_  
Director of Operations & Financial Svcs Date

\_\_\_\_\_  
Superintendent Date

***This form is NOT to be used for mileage/travel costs – attach store receipts only. All expense forms go on monthly Board of Director bill approval list before payment is issued. District prefers purchases from approved vendors. We are a tax exempt facility. Tax exempt forms cannot be given to employees for individual use.***