

Non-Travel Expense Reimbursement Form

Employee Name: _____ PO# _____

Please attach all original itemized receipts and proof of payment with this form.

Expense #1:

Date of Expense: _____ Account Code: _____

Expense Description:

Total: \$ _____

Expense #2:

Date of Expense: _____ Account Code: _____

Expense Description:

Total: \$ _____

Expense #3:

Date of Expense: _____ Account Code: _____

Expense Description:

Total: \$ _____ Grand Total of All Expenses: \$ _____

I certify the above expenses were incurred for official school district business.

Form must be submitted within 30 days of incurred expenses.

Employee's Signature

Date

Supervisor's Approval

Date

Business Office Use Only

Date Received

Assistant Superintendent's Approval

Date