

REIMBURSEMENT FORM

Employee Name _____

Date _____

If you are requesting a refund for monies spent out-of-pocket, please attach receipts to back of form and have principal verify. THE DISTRICT DOES NOT REIMBURSE AMOUNTS PAID IN SALES TAX. Thank you.

Expenses, please describe:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Reason:

Principal's Signature _____

Date _____