

Expense Reimbursement Request

(Not to be used for Student Activity Account reimbursements)

PLEASE ATTACH APPROPRIATE DOCUMENTATION FOR REQUESTED EXPENSE REIMBURSEMENT.

(ie: Receipts, MapQuest for mileage reimbursement, including date of travel and reason for travel.

- Staff Give completed form to Building Secretary
 Building Secretary Forward completed form to Building Principal
 Building Principal Forward completed form to Nicky in District Office
- Community Ed Give completed form to Community Ed Director
 Community Ed Director Forward completed form to Nicky in District Office
- Cooks Give completed form to Andrea Schaak
 Andrea Forward completed form to Nicky in District Office
- Maintenance Give completed form to Tim Bisek
 Tim Forward completed form to Nicky in District Office

TODAY'S DATE:			
EMPLOYEE NAME:			EMPLOYEE ID:
F			son)
	Date Incurred	Dollar Amount	Account Code
Appr	roved Denie	d (please list reason)_	
Supervisors Signature:			Date:
To be co	ompleted by Distric	ot Office	
Final Approval:			Date: