Eastmont School District

Employee MISCELLANEOUS Reimbursement Form

Employee Name _____
Home Address _____
City, State _____

District Office Use:
Date Received: _____
Total Reimbursement: _____

1. Original Receipts must be attached this form for proper reimbursement.
2. The Purchase Order process should be used when at all possible.
3. Reimbursements to employees will be reviewed to ensure the purchase order process was not circumvented

Purchase Date	Vendor Name/ Purchased From	Description of Item(s) Purchased	Budget Code	Total Dollars
			Grand Total	

1. Employee and Supervisor signatures are required. Incomplete forms will be returned to employee.
2. Supervisor's signature is person authorizing reimbursement, i.e. program director or principal.
3. Budget Code to be completed by the Supervisor.

Employee Signature Date

Supervisor Signature* Date

* Note: The materials/products/services purchased were preapproved and are being expended against an established budget code with available funds.