

Mattawan Consolidated School Employee Reimbursement Request Form

Completed by: Employee requesting reimbursement
 Approved by: Department Head, Principal, or Authorized Activity Account Representative

- This form is only appropriate for use in cases in which pre-approval for expenditures are not required or feasible.
- Attach **ORIGINALS** of all receipts for review and approval
- **DO NOT INCLUDE SALES TAX**-the school district is tax exempt and will not reimburse sales tax for items purchased
- Your approved reimbursement request will be added to your net pay

Employee Requesting Reimbursement

| | |
|---------------|--|
| Printed Name: | |
| Signature: | |

I represent that the information provided below to this claim is true and accurate. I agree to provide all information that administration requests in connection with the processing of this reimbursement.

| Purchase Date | Vendor | Description | Amount |
|---------------|--------|-------------|--------|
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| Total: | |
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|----------------------------|--|
| Approver Signature: | |
|----------------------------|--|

| ASN# | Amount |
|---------------|--------|
| | |
| | |
| Total: | |

CENTRAL OFFICE USE ONLY:
 DATE RECEIVED: _____ APPROVAL: _____
 PAYROLL DATE: _____