

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

Total:	
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Approver Signature:	
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ASN#	Amount
Total:	

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