

## Mattawan Consolidated School Employee Expense Reimbursement Form

Completed by: Employee requesting reimbursement for *non-conference* expenses  
 Approved by: Principal or Activity Account Treasurer

- Attach **original ITEMIZED** receipt(s) for review and approval
- **DO NOT INCLUDE SALES TAX**-the school district is tax exempt and will not reimburse sales tax for any items purchased
- Your approved reimbursement will be added to your net pay

**General Expense Detail:**

Purchase Date	Business	Description	Amount
		<b>Total</b>	

**Employee Requesting Reimbursement:**

<b>Printed Name</b>	
<b>Signature</b>	

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

**Approval Signature (principal/activity account treasurer):**

ASN#	Amount
<b>Total</b>	

CENTRAL OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

PAYROLL DATE: \_\_\_\_\_