



## Expense Reimbursement

- Mail to Home  
 Send to Work

**District Name:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Payment #** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**\*\*Original receipts must be included with claim**

Place of Purchase	Description	Budget Classification	Amount

Total Amount of Claim: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_