## USER I NSTRUCTI ONS

Form Purpose: Use this form to claim reimbursement for district-related out of pocket expenses.
How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.
How to Submit this Form: Submit a hard copy of this form.
Where to Send this Form: Please return this form and supporting documentation to Financial ServicesPayroll. Original receipts must be submitted.
Deadline: Completed forms must be received in the Financial Services office by the $15^{\text {th }}$ of the month in order for you to receive reimbursement on that month's paycheck.

## EMPLOYEE INFORMATI ON

Name:
Employee Number:
PLEASE TYPE OR PRINT

| DESCRIPTION OF EXPENSES | ACCOUNTI NG UNIT | ACCOUNT | SUB ACCT | AMOUNT |
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| REI MBURSEMENT TOTAL |  |  |  | 0.00 |

## APPROVAL

School/Department:
Submitted by:
Administrator/Supervisor Signature:
Date:
Print or Type Administrator/Supervisor Name:

## Print Form

