

EMPLOYEE BUSINESS EXPENSE REIMBURSEMENT REQUEST FOR THE MONTH OF: _____

EMPLOYEES NAME	EMPLOYEE ID#	LOCATION
POSITION <input type="checkbox"/> Teacher <input type="checkbox"/> Classified <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Administrator / Principal <input type="checkbox"/> Director / Management <input type="checkbox"/> Non-Licensed Staff <input type="checkbox"/> Parents / Volunteers <input type="checkbox"/> Other _____		
HOME ADDRESS	WORK & HOME PHONE NO.	

OTHER EXPENSES - Original receipts must be attached

	DATE	DESCRIPTION & PURPOSE	WHERE PURCHASED	CHARTFIELD							AMOUNT
				ACCOUNT	FUND	DEPT	PROGRAM	SUB-CLS	PRJ / GRT	SITE LOC	
SUPPLIES											
SUPPLIES											
SUPPLIES											
SUPPLIES											
OTHER											
OTHER											

MEALS (Other than Per Diem) / FOOD EXPENSES - Original receipts must be attached

DATE	DESCRIPTION INCLUDING BUSINESS PURPOSE	WITH WHOM	<input type="checkbox"/> PPS Employee(s) <input type="checkbox"/> Non PPS Employee(s)	CHARTFIELD							AMOUNT
				ACCOUNT	FUND	DEPT	PROGRAM	SUB-CLS	PRJ / GRT	SITE LOC	

REIMBURSEMENT FOR COURSES / SEMINARS COMPLETED FOR COLLEGE CREDIT

NAME & NUMBER OF SEMINAR / CONFERENCE / COURSE	LOCATION OF COURSE/SEMINAR	COURSE / SEMINAR AMOUNT
DATES & TIME OF COURSE / SEMINAR	NUMBER OF COLLEGE CREDITS EARNED	NAME OF CREDITING INSTITUTION
		<i>Attach proof of credit earned, (official grade report or transcript)</i>

AUTHORIZED SIGNATURES

EMPLOYEE CERTIFIES THAT S/HE WAS NOT ON PAID LEAVE WHILE ATTENDING COURSE AND THAT NONE OF THE EXPENSES LISTED ON THIS FORM WERE CHARGED TO A DISTRICT PROCUREMENT CARD. EMPLOYEE HEREBY AUTHORIZES ANY EXPENSE REIMBURSED THAT IS FOUND TO BE NON-BUSINESS RELATED OR NOT PROPERLY ACCOUNTED FOR TO BE DEDUCTED FROM HIS/HER PAYCHECK.

EMPLOYEE SIGNATURE X	DATE	PRINCIPAL / SUPERVISOR SIGNATURE X	DATE
GRANT APPROVAL, IF REQUIRED X	DATE	ADDITIONAL AUTHORIZED SIGNATURE, IF REQUIRED X	DATE

TOTAL EXPENSES  \$