

**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	ACCOUNT CODE							AMOUNT
				FUND	FUNC (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT ID	
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)	ACCOUNT CODE							AMOUNT	
			FUND	FUNC (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT ID		

**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 he/she was not on paid leave when the above expense(s) incurred. He/she also certifies that none of the above listed expense(s) on this form were charged to a District Procurement Card, and no alcohol purchases are included in this request. Employee hereby authorizes any expense reimbursement that is found to be non-business related or not properly accounted for to be deducted from his/her paycheck. Reimbursement Request Forms and all supporting documentation for expenses must be submitted no later than (60) days from the date the expense was incurred. reimbursement requested is submitted beyond the sixty (60) day limit, the amount of the reimbursement shall become taxable and will be reduced by associated taxes.*

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

**TOTAL EXPENSES**  \$