EMPLOYEE/VOLUNTEER REIMBURSEMENT FORM

This form is ONLY for current employee/volunteer reimbursements

Name: _____

Position: _____

School/Bldg: _____

Month: _____

Technology Ticket # _____

PO# _____

NOTE: Before purchasing any computer hardware, software, or online services including new and renewed apps/subscriptions, it's REQUIRED to check with the Technology department. If you are purchasing any of the listed items, a Technology Ticket # must be listed on this form, if it is not, the reimbursement will not be processed and will be returned to you.

Date	Description	Purpose	Amount	Account
		GRAND TOTAL	$	

Please include coding & Supervisors signature

ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM

Reimbursement form shall be turned in at the beginning of each month. Please submit reimbursements within 14 days of event or purchase.

Employee/Volunteer Signature: _____

Date: _____

Supervisor/Administrator - Approval: _____

Date: _____

Revised 1/3/2022