Raymore-Peculiar School District
Expense Reimbursement

Employee Name:

Location:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
		TOTAL REIMBURSEMENT	$ -

Do not use this form for travel reimbursements or mileage. Please use a "Travel Expense Reimbursement Request" or an "In-District Mileage Claim Form" for those items.

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date

Reimbursement Template © 2014 by Vertex42.com https://www.vertex42.com/ExcelTemplates/reimbursement-form.html