

WACHUSETT REGIONAL SCHOOL DISTRICT

Ref#
Review by (Initials)
(For Business Office Use Only)

Employee Reimbursement for Expenses
EXCLUDING TRAVEL, LODGING, MEALS AND TOLLS

In order to be processed, all requests must be filed within 30 days of activity and/or event.

NAME: _____

COST CENTER: _____

ACCOUNT #: AMOUNT:

PURPOSE: _____

Make Payable to: _____

Send to - Address: _____

Employee Signature: _____ Date: _____

Principal/Budgetary Authority Approval: _____ Date: _____

Comptroller's Initials as to review of form for completeness and supporting documentation: _____ Date: _____

Superintendent/ Designee Approval: _____ Date: _____

REIMBEXP
REVISED 10.23.05
SECOND REVISION 02.13.06
THIRD REVISION 03.21.06
FOURTH REVISION 05.02.06

List Expenditures * Attach Receipts * Obtain Approvals
Submit this form to Principal/Budgetary Authority with all attachments
including Conference/Workshop/Visitation pre-authorization

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