

EMPLOYEE REIMBURSEMENT FORM – OUT OF POCKET EXPENSES

(Section 13.20 CEA CBA)

NAME: _____

Address: _____

Phone #: _____ Building: _____

DATE	VENDOR	PURPOSE/DESCRIPTION	AMOUNT	<small>office use only COMP TAX?</small>
~ ORIGINAL, ITEMIZED RECEIPTS REQUIRED FOR REIMBURSEMENT ~			TOTAL=	

ALL ORIGINAL, ITEMIZED RECEIPTS MUST BE INDIVIDUALLY TAPED (NOT STAPLED) TO A SEPARATE SHEET*

*add sheets as necessary

Sales tax should be included. If the merchandise was purchased without paying sales tax, compensating tax will be paid directly to the Department of Revenue at the current local rate.

I, the undersigned, do hereby certify under penalty of perjury that the materials furnished, services rendered or expense incurred is a true and correct expense; that the claim is just and due; and that I am authorized to purchase the items listed above.

I understand that my reimbursement will be deposited into the bank account on file for payroll. If alternate account is preferred, complete and attach ACCOUNTS PAYABLE DEPOSIT FORM. Future reimbursements will be deposited into the account listed on this form.

Signature: _____ date: _____

Administrator approved signature: _____ date: _____

<small>Office Use ONLY</small>	<small>Office Use ONLY</small>
ACCOUNT CODE	AMOUNT
0100-27-5619-BLDG (Non-SpEd Teachers)	
2100-27-5619-BLDG (SpEd Teachers)	
2100-26-5619-0210 (SpEd CSD Staff Itinerants)	
5600-27-5619-5880 (Green Hill)	
TOTAL=	

=TOTALS MUST MATCH

I prefer to have my reimbursement deposited to an alternate account. A/P Deposit Form attached. _____ (Initials)