

## Wayland Union School General Expense Reimbursement Form

*Note: Attach **ORIGINALS** of all receipts for supervisor review & approval. This form is only appropriate for use in cases in which pre-approval for expenditures is not required or feasible. This form should not be used to claim reimbursement for expenses related to training or conferences. There is a separate form for training or conference related expenditures. Proper purchase procedures must always be followed. See your supervisor if you have questions regarding appropriate procedures.*

Employee Requesting Reimbursement: \_\_\_\_\_

Purchase Date	Vendor	Description	Amount
<b>TOTAL:</b>			<b>\$</b>

Account Number 1: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number 2: \_\_\_\_\_ Amount: \_\_\_\_\_

Total: \_\_\_\_\_

I represent that the information provided above to this claim is true and accurate. I agree to provide all information that the Administrator requests in connection with the processing of this reimbursement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_