EAST JACKSON COMMUNITY SCHOOLS EXPENSE REIMBURSEMENT REQUEST VOUCHER

PAYABLE TO:

**

Last Name	First Name, Middle Initial
Address – Number & Street or Rural Route	City, State, Zip
Building/Program	Social Security Number (optional)

Date	Expense Description	Purpose	Total	(receipts attached)
Total:				

TOTAL REQUESTED: \$

* I am requesting the above reimbursement incurred by myself, used to perform official East Jackson Community Schools business/functions. East Jackson Community Schools DOES NOT reimburse sales tax, so it is the responsibility of the employee to request a tax exempt status from the vendor. I, hereby certify that I have listed each daily and individual item of expense that was received in the discharge of authorized official school business. These amounts are correct and represent proper charges against the school with applicable receipts attached. I, further certify that I have not received reimbursement from any other sources for any portion of this requested reimbursement. Upon completion of this form I will have my supervisor approve and forward to Accounts Payable at the Administrative Office.

Signature of Claimant	Date
⁴ I have reviewed the contents of this report, approve, and authorize payment of	expenses.
Principal/Supervisor Approval	Date