GISD EMPLOYEE REIMBURSEMENT FORM

Employee Name_____   Last 4 digits of SSN _____

Campus_____   Check Request #_____

DATE	DESCRIPTION	AMOUNT
	w/o taxes TOTAL	

JUSTIFICATION FOR EXPENSE(S):_____

_____

_____

ALL RECEIPTS MUST BE ITEMIZED AND ATTACHED TO THIS FORM.

For non-meal reimbursement, the school district will not reimburse sales tax. Please make sure it is not included in the above amounts.

I affirm that the above purchases were made for school purposes, and the amounts reported are accurate to the best of my knowledge.

_____   _____

Employee Signature   Date

All employee reimbursements require authorization prior to the expense(s) being incurred. The account code(s) to be used when reimbursing and the signature of the budget manager must be provided below.

Account Code   **Amount**

_____ $_____

_____ $_____

If you need additional space for account codes/amounts, you may use the back of this form

_____   _____

Budget Manager/Supervisor Signature   Date