



LEAD | GROW | SERVE

### GISD EMPLOYEE REIMBURSEMENT FORM

Employee Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Campus \_\_\_\_\_ Check Request # \_\_\_\_\_

DATE	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

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