

Eagle Mountain Saginaw ISD
EMPLOYEE REIMBURSEMENT

Campus: _____
(check will be sent to this location)

DPay# : _____

Date: _____

Amount: _____

Employee Name: _____

Purpose: _____

Items Purchased (general description): _____

Budget Code: _____

Approved by: _____
Principal/Chief Director

Received by: _____
Employee Signature

Secretary: _____
Secretary Signature

Approved by: _____
865 Student Club Officers' Signature

*^Sales tax **cannot** be reimbursed.*

*^MUST ATTACH ORIGINAL ITEMIZED RECEIPT(s)
(receipt copies & credit card slips **not** valid)*

***TAPE RECEIPTS HERE OR ON 8 ½ SHEET
DO NOT FOLD RECEIPTS OR HIGHLIGHT ON RECEIPTS
CIRCLE AMOUNT REIMBURSED***

*^Travel expense: Do not use this form - Use travel voucher
^Mileage expense: Do not use this form - Use mileage log.*