

**MAPLETON SCHOOL DISTRICT #32
EMPLOYEE EXPENSE REIMBURSEMENT FORM**

Employee _____

Building _____

PURPOSE OF PURCHASE (What will you be using this purchase for?)

Receipt #	Date	Vendor	Description (What did you purchase?)	Total

Please number and attach your original receipts to this form

_____	_____	_____
Account Number	Account	% or \$ Amount
_____	_____	_____
Account Number	Account	% or \$ Amount
_____	_____	
Requested By	Date	
_____	_____	
Principal/Superintendent	Approved	

Prior to your purchase budget approval must be obtained from your direct supervisor