

WAYNE TOWNSHIP PUBLIC SCHOOLS PERSONAL EXPENSE REIMBURSEMENT FORM

REIMBURSEMENT **MUST** HAVE **PRE-APPROVAL** OF IMMEDIATE SUPERVISOR/PRINCIPAL **AND** BUSINESS ADMINISTRATOR -- NO REIMBURSEMENTS WILL BE PROCESSED FOR ANY STAFF MEMBER WHO FAILS TO OBTAIN PRIOR APPROVAL OF THE PURCHASE

NAME _____

LOCATION _____

DATE _____

AMOUNT OF REIMBURSEMENT

VENDOR PAID	ITEM PURCHASED	CASH	CREDIT/ DEBIT	TOTAL W/O TAX	*RECEIPT ATTACHED
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
TOTAL REIMBURSEMENT REQUESTED:				\$	

REQUIRED DOCUMENTS ATTACHED

* Payment **will not be made** if proper receipt or pre approvals are not attached
- refer to SOP for proper documentation.

RATIONALE (why item could not be purchased via the regular purchase order process):

Account # to be charged: _____ Administrator signature _____

Written documentation of **pre-approval** from immediate supervisor/principal is **attached**:

(initials)

Written documentation of **pre-approval** from Business Administrator is **attached**:

(initials)

For Payroll Department use only:

Required documents verified by:		DATE:
Receipts match submission:		Reimbursement paid: \$
	Date payment made:	