

MISCELLANEOUS REIMBURSEMENTS

MCS - 608 Orig. 1/2005

Receipts attached are for miscellaneous reimbursements
I realize that I will NOT be reimbursed for any tax I paid.

Employee Name _____ School _____

Home Phone _____ School Extension _____

List of Receipts:

Company Name	Reason for Purchase	Amount paid	Minus tax	Minus Personal Items	Total to be Reimbursed
Grand Total Requested for Reimbursement					

Signature of Employee Requesting Reimbursement _____ Date Requested _____

Signature of Principal or Supervisor _____ Date Approved _____