

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**

Date Approved