

EMPLOYEE NAME:

EMPLOYEE 23-24 EXPENSE REIMBURSEMENT FORM

DATE:

Whenever possible, purchases should be made through our online purchasing platform (SmartER) for ease of ordering, best pricing, and free shipping. In addition, our tax exempt status is already loaded into the system.

<u>Original receipts</u> must be attached to this form for proper reimbursement. Purchases made must follow the expense reimbursement policy, and in accordance with the approved budget. This form is to be used only when pre-approval has been granted. If assistance is needed to complete this form, please contact your manager. Due to our tax exempt status and access to our online purchasing platform, sales tax on submitted receipts will not be reimbursed.

ID#·

DATE	VENDOR NAME	DESCRIPTION	PD	GR	cs	0*	TOTAL
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
MILEAGE - Attach map with mileage included or odometer readings TOTAL MILES (Roundtrip) =		\$0.655 (Rate per mile)			\$		
LESS SALI	ES TAX						-
TOTAL REIMBURSEMENT						\$	
ditional Not	tes:						
IERAL INSTR	RUCTIONS:						
	supervisor signatures oducts/services purch	d within 30 days of purchase or attendanc are required.	returned t	to the	e em	oloye	

ADMINISTRATION SIGNATURE:

DATE: