



EMPLOYEE EXPENSE REPORT

Date: _____

Please Provide Your Employee Number

EMPLOYEE ID NUMBER

EMPLOYEE NAME: _____

SCHOOL/DEPARTMENT/BUILDING: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

Explanation of EXPENSES supported by ORIGINAL RECEIPTS:

(Please use form on back to explain TRAVEL expenses)

Vendor Name	Explanation	Amount (do not include sales tax)
		\$
		\$
		\$
		\$
		\$
* Travel expenses total from back page		\$
Total expense		

Amount due Employee

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BUDGET CODE _____	AMOUNT \$ _____
BUDGET CODE _____	AMOUNT \$ _____
BUDGET CODE _____	AMOUNT \$ _____

This is a true statement of all expenses incurred by me on behalf of the School District.

EMPLOYEE SIGNATURE _____	DATE _____
SUPERVISOR APPROVAL _____	DATE _____
FINANCE DEPT. REVIEWAL _____	DATE _____

