## EAST WINDSOR PUBLIC SCHOOLS EAST WINDSOR, CONNECTICUT

REIMBURSEMENT FOR EXPENSES
Name
Address $\qquad$

| Date | Account Number | Reason for Expenses* | Amount** |
| :---: | :---: | :---: | :---: |
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| Total Am | Reimbursement R |  | $0.00$ |

*Please attach all back-up; receipts, invoices, etc.
**We can not reimburse for tax
I certify the above to be a correct statement of expenses.

Employee Signature

Supervisor/Manager Signature

Business Office Approval

Date

Date

Date

