## EAST WINDSOR PUBLIC SCHOOLS EAST WINDSOR, CONNECTICUT

## **REIMBURSEMENT FOR EXPENSES**

 Name

 Address

Date	Account Number	Reason for Expenses*	Amount**

Total Amount of Reimbursement Requested

\*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

Date

Supervisor/Manager Signature

Date

Business Office Approval

Date