EMPLOYEE EXPENSE REIMBURSEMENT FORM

SER-Niños Charter School

Name: _____	Date: _____	Campus: _____
Purpose of Expense: _____		

Instructions for Completing This Form

1. Enter all the required information above.
2. Enter the date that the expenditure occurred below.
3. Attach original receipts, credit card statements, etc. to this form.
4. Sign and date where indicated.
5. Submit the completed form with attachments to your supervisor for review and approval.

Please note: Every field constitutes required information and must be completely filled in. Incomplete submissions will be returned unprocessed. EXPENSES: Please submit this form within 30 days of the date the expense was incurred. Mileage reimbursement is subject to the current SER-Niños reimbursement rate and applicable policy.

Date of Expense	Expense/Description	Total
	Grand Total	$

I certify that the expenses itemized above were incurred in the performance of my official duties and the expenses have not been previously paid.

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____