

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 that every field constitutes required information and must be completely filled in. Incomplete submittals will be returned unprocessed. EXPENSES: Please submit this form within 30 days of incurred expense. Mileage Reimbursed at 57.5 cents per mile as of 9/1/2015 (subject to change).

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: _____