



REED CITY AREA PUBLIC SCHOOLS

Every Student, Every Day...Commit, Succeed, and Lead

Administrative Office

225 W. Church Avenue, Suite A • Reed City, MI 49677
Phone 231.832.2201 Fax 231.832.2202 www.reedcityschools.org

4110-F-1 Reimbursement Form

Employee Expense Reimbursement Request

To be submitted to: The Business Office

Employee Name: _____

Job Title: _____

General Reimbursement

Date of Expense	Amount	Description of Expense and Business Purpose for Expense
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mileage Reimbursement

Date of Travel	Reason for Travel	From	To	Miles Traveled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Tuition Reimbursement

Name of College/University: _____

How does this course relate to your present assignment? (attach additional sheet, if necessary)

Course Dates	Course Number	Course Title	Credit Hours	Grade*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Attach transcript and/or report

Pre-approved by: _____ Date: _____

I certify that this completed form is a true and accurate report of my expenses and that the expenses are proper and authorized to the best of my knowledge.

Employee Signature _____

Supervisor Signature _____

Date _____

Date _____