MARLETTE COMMUNITY SCHOOLS EMPLOYEE EXPENSE REIMBURSEMENT FORM

| Employee Name | | | | |
|----------------------------|---------------------------------|-------------------------|-------------------|--------------------|
| Date of Purchase | Vendor | Description | Amount or Mileage | Account to be Used |
| | | 2333 | | |
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| Total | | | \$ - | |
| Please record all receipts | and attach to form. Sales tax w | vill not be reimbursed. | | |
| Employee Signature | | | Date | |
| Principal Signature | | | Date | |