

ESCAMBIA COUNTY SCHOOL DISTRICT
REIMBURSEMENT OF EMPLOYEE EXPENSES

DATE: _____

NAME: _____ SOC. SEC.#: XXX-XX- _____

ADDRESS _____ DEPT./SCHOOL: _____

CITY/STATE: _____ ZIP CODE: _____

SAFETY SHOES \$ _____ LAB JACKET \$ _____ TOOLS \$ _____

OTHER _____ \$ _____

I hereby request reimbursement for the expenses herein described, and attest that the purchases are pursuant to the Master Contract, Article XIV.1.B, Article XIV.3.A, XIV.2.A or Article XIV.3.H and that payment has not been received. A signed invoice is attached.

_____ DATE: _____

EMPLOYEE SIGNATURE

BUDGET CODING							
Fund (4)	T	Function (4)	Object (4)	Facility (4)	Project (5)	Subproject (5)	Program (5)

I hereby certify the above employee has not been reimbursed for the above items(s) within the last 12 months. I further certify I have inspected the item(s) and they meet all the requirements stated in policy and Master Contract.

Supervisor Approval: _____ Date: _____

Finance Approval: _____ Date: _____

Director or Designated Representative Signature (for expenditure of funds)

_____ Date: _____