EXPENSE REIMBURSEMENT FORM

WAYNESBORO AREA SCHOOL DISTRICT

Name: _____

Supervisor's Name: _____

DATE	DESCRIPTION	COST
	SUBTOTAL:	

PUBLIC SCHOOL DISTRICTS ARE TAX EXEMPT. TAXES ARE NOT REIMBURSABLE.

_____ _____

EMPLOYEE SIGNATURE **SUPERVISOR'S SIGNATURE**

SUBMISSION INSTRUCTIONS

1. Submit via email to acctpayable@wasdpa.org or through the intern-school mail.
2. Must provide the following two items upon submission:
   - Expense Reimbursement Form
   - Receipt(s) to prove each transaction.

INCOMPLETE SUBMISSIONS MAY BE RETURNED.

ACCOUNTS PAYABLE USE ONLY			
CHECK #	AMOUNT	DATE	BUDGET CATEGORY