## **EXPENSE REIMBURSEMENT FORM**



## **WAYNESBORO AREA SCHOOL DISTRICT**

Name:			
Supervisor's	Name:		
DATE	DESCRIPTIO	N	COST
		CLIDECTAL	
	PUBLIC SCHOOL DISTRICTS ARE TAX EXEMPT. T	SUBTOTAL:	
	PUBLIC SCHOOL DISTRICTS ARE TAX EXCIVIPT. T	AXES ARE <u>NOT</u> REINIBURSABLE	•
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 <u>each</u> transaction.

**INCOMPLETE SUBMISSIONS MAY BE RETURNED.** 

ACCOUNTS PAYABLE USE ONLY				
CHECK #	<b>AMOUNT</b>	DATE	<b>BUDGET CATEGORY</b>	