MADISON DISTRICT PUBLIC SCHOOLS
26524 JOHN R
MADISON HEIGHTS, MICHIGAN 48071
(248) 399-7800

EMPLOYEE EXPENSE REIMBURSEMENT THROUGH PAYROLL

BUILDING _____ DATE _____

REQUESTED BY _____

ACCOUNT NUMBER _____

ACCOUNT NAME/FUND _____

PURPOSE _____

EMPLOYEE TO BE REIMBURSED: _____

QUANTITY	ITEM DESCRIPTION	PRICE EACH	TOTAL
	TOTAL AMOUNT TO BE REIMBURSED:		

COMMENTS _____

PLEASE INCLUDE ORIGINAL RECEIPTS WITH THIS FORM

Please make a copy for your records.

SIGNED BY _____ _____

Building Principal/ Department Supervisor Superintendent of Schools