



Emery County School District

2019-20 Reimbursement Request (7/1/19 - 6/30/20)

General Reimbursement Claim

Employee's Name _____ Mailing Address _____ Phone Number _____
 Supervisor's Name _____ School / Dept _____ Date _____

RECEIPTS VERIFYING ALL EXPENSES NEED TO BE ATTACHED!!

Description of Expense (Lodging, Meals, etc.)	Starting Date	Ending Date	Location	Description of Event	Amount

Account: _____	Vendor #: _____	Total Reimbursement
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Employee Signature: _____ Supervisor Signature: _____ Business Office Approval: _____