



# Emery County School District

## 2020-21 Reimbursement Request (7/1/20 - 6/30/21)

Print Form

Reset Form

### 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**

Employee  
Signature: \_\_\_\_\_

Supervisor  
Signature: \_\_\_\_\_

Business Office  
Approval: \_\_\_\_\_