

NEWTOWN PUBLIC SCHOOLS
BUSINESS OFFICE

EMPLOYEE EXPENSE REIMBURSEMENT FORM
(PLEASE TYPE OR PRINT)

SUBMIT TO ACCOUNTS PAYABLE/CENTRAL OFFICE

DATE: _____

PAYMENT TO: _____

LOCATION TO SEND CHECK: _____

<u>FOR</u>	<u>CHARGE TO ACCOUNT #</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL REIMBURSEMENT DUE: _____

REQUESTOR'S SIGNATURE: _____

APPROVED BY: _____
SIGNATURE OF SUPERVISOR/PRINCIPAL

VENDOR # _____
(ACCOUNTS PAYABLE USE)

An original invoice or any other document that substantiates itemized purchases must be stapled to the back of this request with proof of payment (cancelled check, credit card receipt, etc.). Both requestor's and supervisor's or principal's signatures are required. If the form is not completed properly, it will be returned for correction and that will delay payment.