



ANCHOR BAY SCHOOL DISTRICT EMPLOYEE REIMBURSEMENT FORM

Please complete the entire form and attach **original** receipts. Reimbursements require an Administrator signature and approval. Submit completed form to your office manager for purchase order processing. All employee reimbursements will be paid thru payroll. Processing could take 2-3 weeks and will be detailed on your biweekly check stub.

Employee Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Anchor Bay School District does not reimburse sales tax.

Company Name	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

<p>FOR OFFICE USE ONLY</p> <p>PURCHASE ORDER NUMBER</p> <p>PO# _____</p>
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<p>_____</p> <p>Administrator Signature</p> <p>_____</p> <p>Date</p>
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