

BRAZOS SCHOOL FOR INQUIRY & CREATIVITY

EXPENSE REIMBURSEMENT

Employee Name:
Employee Number:

	DATE
From:	<input type="text"/>
To:	<input type="text"/>

Campus:

School/Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	STORE	AMOUNT

TOTAL REIMBURSEMENT	<input type="text"/>
----------------------------	----------------------

***All receipts must be attached**

Employee Signature

Date

Principal/Supervisor Signature

Date

Superintendent Signature

Date

***For reimbursements not associated with travel. Prior approval is required.**