

BRAZOS SCHOOL FOR INQUIRY & CREATIVITY

EXPENSE REIMBURSEMENT

Employee Name:

Employee Number:

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

Campus: 001-Bryan 102-Tidwell District

School/Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	STORE	AMOUNT

TOTAL REIMBURSEMENT	<input style="width: 150px; height: 20px;" type="text"/>
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***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.**