

CUSTODIAN REIMBURSEMENT EXPENSES

Ref#
Review by (initials)
(For Business Office Use Only)

**In order for reimbursements to be processed:**

1. All requests must be filed within 30 days of purchase date
2. This form must be accompanied by the PAID receipts showing which items on the receipt you are requesting reimbursement for (if there are additional items you have purchased on the same receipt, please cross them out)
3. Please fill out entire form with all information filled out in the designated areas, and sign
4. All paperwork should be submitted to: Kristin Hetzel in the HR Departement

Employee Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Item:	\$ _____	Cost of item	\$ _____	Reimbursable Amt for item
Item:	\$ _____	Cost of item	\$ _____	Reimbursable Amt for item
Item:	\$ _____	Cost of item	\$ _____	Reimbursable Amt for item

TOTAL CLOTHING REIMBURSEMENT AMOUNT: \$ \_\_\_\_\_

TOTAL BOOT REIMBURSEMENT AMOUNT: \_\_\_\_\_

**Make check Payable to:**

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
 \_\_\_\_\_

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

**BELOW THIS LINE FOR OFFICE USE ONLY:**

Human Resources Director:	_____	Date: _____
Business Finance Director:	_____	Date: _____
Superintendent Signature:	_____	Date: _____